2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

DOCUMENT# P09000086260

Entity Name: EVO FURNITURE CORP.

Current Principal Place of Business:

4217 PONCE DE LEON BLVD
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4217 PONCE DE LEON BLVD
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 27-1165565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHOLIN, CHRISTIAN N
477 S. ROSEMARY AVE.
STE. 319
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

BROWN, BRIANNA M
4217 PONCE DE LEON BLVD
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIANNA M. BROWN 03/23/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D, P
Name: BROWN, BRIANNA M
Address: 4217 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D,VP
Name: LAPIDUS, ALEKSANDR
Address: 4217 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: S
Name: TALSEPP, TARMO
Address: 4217 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: T
Name: BODNAR, EDWARD
Address: 4217 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIANNA BROWN D 03/23/2012
Electronic Signature of Signing Officer or Director Date