

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000030688

1. Entity Name
EVE ENTERPRISES INC.



**FILED
Jan 20, 2004 8:00 am
Secretary of State**

01-20-2004 90085 002 ***150.00

24003000



01122004 Chg-P CR2E034 (10/03)

Principal Place of Business 825 BRICKELL BAY DR LOBBY MIAMI, FL 33131 US		Mailing Address 1001 BRICKELL BAY DR SUITE 1716 MIAMI, FL 33131 US	
2. Principal Place of Business		3. Mailing Address 848 Brickell Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 203	
City & State		City & State MIAMI, FL	
Zip	Country	Zip 33131	Country

4. FEI Number 65-0490275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIR, HECTOR J
2655 LE JEUNE ROAD
SUITE 1107
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

D JARAMILLO, SOFIA 1430 BRICKELL BAY DR, 1206 MIAMI, FL		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ROBLEDO, M. MARTA 1430 BRICKELL BAY DR, 1206 MIAMI, FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LARA, CARMEN 1430 BRICKELL BAY DR, 803 MIAMI, FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sofia Jaramillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

101

Daytime Phone #

01/15/04 305-358-7909