2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 08:00 A Secretary of State

ANNUAL KEPUKI					Secretary of St				
DOCUMENT # P94000045603						S.	occi e	lary or St	
Entity Name EVEMAN ENTERPRISES CORPORATION									
	ENTERN MOES SOM SIAM	1014		200					
Principal Plac	e of Business	Mailing Address	-:						
3530 W. 801		3530 W. 80TH ST., #201							
HIALEAH, FL	33010	HIALEAH, FL. 33016							
						18111 81831 88511 83 311 8811		3 8 63 66 96 66	
		in Tino oba	<u> </u>		03242008	No Chg-P	CR2E03	4 (11/05)	
L	O NOT WRITE	IN THIS SPA	CE		4. FEI Numbe			Applied For	
					65-050			Not Applicable 8.75 Additional	
· ·	<u> </u>				5. Certificate	of Status Desired		ee Required	
	6. Name and Address of Current Re	gistered Agent						and the second second	
ROBLES, EVELYN 3530 W. 80TH ST., #201				i Sing	. DO	NOT W	RITE		
HIALEAH,		[] [] [] [] [] [] [] [] [] []	* (1.33%)						
				:::		THIS SP	AUE		
		,							
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	red office or r	egister	ed agent, or bot	h, in the State of Flo	rida. I am fa	miliar with, and accept	
	iona or registered agent.		-			•			
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registeri	ed Agent signature	required	when reinstating)				
		9. Election Campaign Fina	ncina	¢£	00				
After May 1, 2008 Fee will be \$550.00 Trust Fund C				Addi	00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS		3.7	in the state of th		anstern in	erija de Paris Semeja j	
TITLE NAME	PSD ROBLES, EVELYN				avidéki de			ikadien eind	
STREET ADDRESS	3530 W. 80TH ST., #201			3.50					
CITY-ST-ZIP	HIALEAH, FL 33016								
TITLE NAME				Segretari	y in Maritie	ເກົານ ສະຖານ ພ. ໄດ້	ادي. دوگومهندور و	า รายเลย์ และเกม และเรียงสาร	
STREET ADDRESS				î. Şe					
CITY-ST-ZIP			- jakis						
TITLE NAME					n inggas erentergi Sto	. Sign			
STREET ADDRESS CITY-ST-ZIP					DO	NOT W	RITE		
TITLE				۰۳۰ رخونک			1,1		
NAME						THIS SF	AUE		
STREET ADDRESS CITY-ST-ZIP					l yazı	aguria.	ger ign.		
TITLE		1000	-						
NAME CIDELT ADDRESS		·						kîrê dija	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a memory of the empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNASTARE AND TYPED OF PRINTED TOME OF SIGNING OFFICER OR DIRECTOR

3-24-08

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