## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P95000064741

THE EVOLUTION TOURING COMPANY



**FILED** May 01, 2006 08:00 AN Secretary of State

Principal Place of Business

420 JEFFERSON AVE MIAMI BEACH, FL 33139 Mailing Address

420 JEFFERSON AVE MIAMI BEACH, FL 33139



## DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0616833

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

				*14	IIIO OI AOL
	named entity submits this statement for the pricions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ESTEFAN, EMILIO JR 420 JEFFERSON AVE MIAMI BEACH, FL 33139				U00000SS6877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ESTEFAN, GLORIA M 420 JEFFERSON AVE MIAMI BEACH, FL 33139				U00000556877 05/17/06-80028-003 150.00
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	P AMADEO, FRANK 420 JEFFERSON AVE MIAMI BEACH, FL 33139			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY ST. 78					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this eport 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 an address, with all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2/21/2006 (305)695-7000