2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90037 004 ***150.00

DOCUMENT # P95000065729

1. Entity Name
EVERGREEN SPECIALTIES, INC.

Principal Place of Business	Mailing Address
10130 NORTHLAKE BLVD. SUITE 214-339 WEST PALM BEACH FL 33412 US	10130 NORTHLAKE BLVD. SUITE 214-339 WEST PALM BEACH FL 33412 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7689 CARDINAL COURT	7689 CARDINAL CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33412 Country: USA	Zip: 33412 Country: USA

4. FEI Number 65-0600058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAYRE, ROBERT A
7689 CARDINAL COURT
WEST PALM BEACH FL 33412

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] Robert Sayre 1/28/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SAYRE, ROBERT A.	
STREET ADDRESS	7689 CARDINAL COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VPD	☐ Delete
NAME	FRIEDMAN, STEVEN	
STREET ADDRESS	24 BERMUDA LANE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	☒ Delete
NAME	FRIEDMAN, IRVING S	
STREET ADDRESS	101 BANYAN ISLE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: [signature] Robert Sayre VP 1/28/08 561-312-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #