

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000084783

1. Entity Name
EVERGLADES ENVIRONMENTAL CARE, INC.



Principal Place of Business
16705 NW 122 AVE
MIAMI, FL 33018 US

Mailing Address
P.O. BOX 297200
PEMBROKE PINES, FL 33029 US



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0625294

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEUERMAN, DONALD
16705 NW 122 AVENUE
MIAMI, FL 33018

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

02/17/06-80009-007 150.00

10. OFFICERS AND DIRECTORS:

TITLE P
NAME DEL BOSQUE, THOMAS
STREET ADDRESS 16705 NW 122 AVENUE
CITY-ST-ZIP MIAMI, FL 33018

TITLE VP
NAME NEUERMAN, DONALD
STREET ADDRESS 16705 NW 122 AVENUE
CITY-ST-ZIP MIAMI, FL 33018

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06
Date

305-828-8282
Daytime Phone