


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90022 025 \*\*\*150.00

**DOCUMENT # P95000084783**

1. Entity Name  
**EVERGLADES ENVIRONMENTAL CARE, INC.**



Principal Place of Business <b>16705 NW 122 AVE          MIAMI, FL 33018 US</b>	Mailing Address <b>P.O. BOX 297200          PEMBROKE PINES, FL 33029 US</b>
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**DO NOT WRITE IN THIS SPACE**

40010100



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0625294</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL BOSQUE, THOMAS 16705 NW 122 AVENUE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEUERMAN, DONALD 16705 NW 122 AVENUE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZZARELLA, STEVEN 16705 N.W. 122ND. AVE. MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 either like empowered.

SIGNATURE:  **1/22/08 305 828-8282**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #