

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90035 022 \*\*\*150.00

**DOCUMENT # P97000078408**

1. Entity Name  
**EVOLUTION MEDIA MANUFACTURING, INC.**



Principal Place of Business  
**7018 NW 50 STREET  
MIAMI, FL 33166**

Mailing Address  
**7018 NW 50 STREET  
MIAMI, FL 33166**

**54027397**



**DO NOT WRITE IN THIS SPACE**

03302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0780221**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KALKAS, MARTY  
245 SE 1ST STREET  
SUITE 311  
MIAMI, FL 33131**

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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

**3/30/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GALVIS, ALBA
STREET ADDRESS	1408 BRICKELL BAY DR., #812
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	STD
NAME	SIERRA, JAIME
STREET ADDRESS	18151 NE 31 CT., APT. 610
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	D
NAME	GUTIERREZ, JUAN
STREET ADDRESS	801 N. VENETIAN DRIVE, APT. 1103
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/30/04**

**305 543 5455**