

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91000 017 ***150.00

DOCUMENT # P97000078408

1. Entity Name

EVOLUTION MEDIA MANUFACTURING INC

Principal Place of Business
7018 NW 50 STREET

Mailing Address
7018 NW 50 STREET

MIAMI, FL
33166

MIAMI, FL
33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0780221

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75**

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTTI KALKAS
245 SE 1ST #311
MIAMI, FL 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

9. This corporation is eligible to satisfy its
Intangible Tax filing requirement and elects
to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
CARLOS LANDABURO

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
JUAN GUTIERREZ
1450 BRICKELL BAY DR
MIAMI, FL 33131

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

13. 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 11 or Block 12 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 #

04-28-03

305 593 5455

CRE034 (9/99)