2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000023246

1. Entity Name ENVIROTECH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

13511 NORTHWEST 10TH STREET SUNRISE, FL. 33323

13511 NORTHWEST 10TH STREET SUNRISE, FL 33323

FILED Feb 23, 2006 08:00 AM Secretary of State



| | 02202006 | No Chg-P | CR2E034 (11/05) |
|----------------------------|---------------|----------|-----------------|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number | | Applied Fo |

65-0818926

5. Certificate of Status Desired

Not Applicable
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134

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 presed name of regenered agors and the & applicable. (NDTE: Registered Agent agridual required when renotating) CATE | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | ing 🔲 | \$5.00 May Ba Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | |
| TITLE NAME STREET ADDRESS DITY-ST-ZIP | PSTD AYESH, MAHMOUD 13511 NORTHWEST 10TH STREET SUNRISE, FL 33323 | | | | UHÜÜÜÜ444127 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 03/0 <mark>6/06-80039-</mark> 017 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | | IN THIS SPACE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |

12. Thereby certify that the information supplied with this filling 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 exegute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE

MONATURE AND TYPED OR PRINTED HAVE OF SHOWING OFFICER OR DIRECTOR

02/19/06 (954)873-943

Daytime Phone