
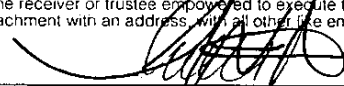


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90040 047 \*\*\*150.00

<b>DOCUMENT # P99000021093</b> 1. Entity Name <b>EVERLAST PRODUCTION, INC.</b>																													
Principal Place of Business <b>1040 N W 3RD ST HALLANDALE, FL 33009</b>			Mailing Address <b>4391 SW 141 AVENUE DAVIE, FL 33330</b>																										
2. Principal Place of Business - No P.O. Box # <b>59 SW 12 Ave</b>		3. Mailing Address <b>SAME</b>																											
Suite, Apt. #, etc. <b>109</b>		Suite, Apt. #, etc.																											
City & State <b>Dania Beach, FL</b>		City & State		4. FEI Number <b>65-0920721</b>																									
Zip <b>33004</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>ARIAS, WASHINGTON M 4391 SW 141 AVE DAVIE, FL 33330</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARIAS, WASHINGTON M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4391 SW 141 AVENUE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DAVIE, FL 33330</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	ARIAS, WASHINGTON M		STREET ADDRESS	4391 SW 141 AVENUE		CITY- ST- ZIP	DAVIE, FL 33330		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 fee empowered.																													
<b>SIGNATURE:</b>  <b>Washington Arias</b> 1/23/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													