

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104530

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: EVERGLADES ENTERPRISES USA, INC.

**Current Principal Place of Business:**

512 S.E. 32 STREET  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

30849 EASTRIDGE TERRACE  
SORRENTO, FL 32776

**New Mailing Address:**

FEI Number: 65-1055600      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAFFEY, SHELLY  
30849 EASTRIDGE TER  
SORRENTO, FL 32776      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NIELSEN, KEN E  
Address: 512 SE 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD ( ) Delete  
Name: BRIKEN, HENRIK  
Address: 139 N.W. 72 AVENUE  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: SORENSEN, POUL K  
Address: GOJLVEJ 7  
City-St-Zip: 9440 ABYBRO, DENMARK, OC

Title: SD ( ) Delete  
Name: LAFFEY, SHELLY J  
Address: 30849 EASTRIDGE TERRACE  
City-St-Zip: SORRENTO, FL 32776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLY J LAFFEY

SD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date