

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90150 008 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000104530 (L) 

1. Entity Name
EVERGLADES ENTERPRISES USA, INC.

Principal Place of Business: 512 S.E. 32 STREET, FORT LAUDERDALE, FL 33316
 Mailing Address: 512 S.E. 32 STREET, FORT LAUDERDALE, FL 33316

2. Principal Place of Business: ~~512 S.E. 32 STREET~~ 30849 Eastridge Terrace
 Mailing Address: 30849 Eastridge Terrace
 Suite, Apt. #, etc.: Terrace

City & State: Sorrento, FL
 Zip: 32776 Country: Lake

4. FEI Number: 65-1055800 Applied For: Not Applicable

5. Certificate of Status Desired: \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent: LAFFEY, SHELLY, 30849 EASTRIDGE TERR, SORRENTO, FL 32776

7. Name and Address of New Registered Agent: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents granted approval when in business)

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	NAME	TITLE	NAME
PD	NIELSEN, KEN E 512 SE 32ND STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	LAFFEY, SHELLY 30849 EASTRIDGE TERR SORRENTO, FL 32776	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	BRIXEN, HENRIK 139 N.W. 72 AVENUE PLANTATION, FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SORENSEN, POUL K GOLVJEJ 7 9440 ABYBRO, DENMARK,	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shelly Laffey* Date: 6/10/03 Phone: 407644-6543

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR20034 (10/02)