

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094641

Entity Name: EVANGELISTA HOLDING CORP.**Current Principal Place of Business:**3180 S. OCEAN DRIVE
APT. 302
HALLANDALE BEACH, FL 33009**Current Mailing Address:**3180 S. OCEAN DRIVE
APT. 302
HALLANDALE BEACH, FL 33009 US**FEI Number:** 26-3893107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PENALVER, AURORA ESQ.
2655 LEJEUNE RD.
SUITE 508
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	P
Name	EVANGELISTA, GABRIELE
Address	8395 SW 73RD AVENUE, UNIT 612
City-State-Zip:	MIAMI FL 33143

Title	VP/S
Name	EVANGELISTA, LUZAIRA CRUZ
Address	8395 SW 73RD AVENUE, UNIT 612
City-State-Zip:	MIAMI FL 33143

Title	VP
Name	EVANGELISTA, JUAN E
Address	8395 SW 73RD AVENUE, UNIT 612
City-State-Zip:	MIAMI FL 33143

Title	VP
Name	EVANGELISTA, GABRIEL A
Address	8395 SW 73RD AVENUE, UNIT 612
City-State-Zip:	MIAMI FL 33143

Title	VP/T
Name	EVANGELISTA, FERNANDO J
Address	8395 SW 73RD AVENUE, UNIT 612
City-State-Zip:	MIAMI FL 33143

Title	VP
Name	EVANGELISTA, GERARDO
Address	8395 SW 73RD AVENUE, UNIT 612
City-State-Zip:	MIAMI FL 33143

I hereby 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 all other like empowered.

SIGNATURE: EVANGELISTA, LUZAIRA CRUZ

VP/S

01/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date