


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # N15871<br>1. Entity Name<br>LA VID VERDADERA, INC. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>C/O WILLIAM VELEZ<br>1412 S. KINGS AVENUE<br>BRANDON, FL 33511 US | Mailing Address<br>C/O WILLIAM VELEZ<br>1412 S. KINGS AVENUE<br>BRANDON, FL 33511 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



07112005 No Chg-NP CR2E037 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2870396                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

VEGA, ERMITT  
 6005 E. COLUMBUS DR.  
 TAMPA, FL 33619-1646

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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: Ermitt Vega Ermitt Vega 07-30-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VELEZ, WILLIAM JR.<br>1707 HARTLEY RD.<br>TAMPA, FL                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>VELEZ, DAVID W<br>PO BOX 16112<br>TAMPA, FL 33687                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MARTINEZ, LIZANDRA I<br>15215 LIVINGSTON AVE #55<br>TAMPA, FL 33549 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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1107000375624  
 08/05/05-80003-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 the empowered.

SIGNATURE: William Velez William Velez July 28-05 813-453-5098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #