

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N15871 1. Entity Name LA VID VERDADERA, INC.	
---	---

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



2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2870396	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent VEGA, ERMITT 6005 E. COLUMBUS DR. TAMPA FL 33619-1646	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 *Ermitt Vega* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, WILLIAM JR.		NAME		
STREET ADDRESS	1707 HARTLEY RD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		U00000537333 05/09/06-80013-023 61.25
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, DAVID W		NAME		
STREET ADDRESS	PO BOX 16112		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33687		CITY-ST-ZIP		
TITLE	STD.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LIZANDRA I		NAME		
STREET ADDRESS	15215 LIVINGSTON AVE #55		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33549		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 like empowered.

SIGNATURE: William Velez *William Velez* April 20 - 06 ⁸¹³⁻ 453-5088