



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000057622		
1. Entity Name VIVA WEB INC.		
Principal Place of Business 9361 SW27 STREET MIAMI, FL 33165		Mailing Address 9361 SW27 STREET MIAMI, FL 33165
DO NOT WRITE IN THIS SPACE		
 04242004 No Chg-P CR2E034 (10/03)		
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GAVARAS, DAVID E 9361 SW 27 STREET MIAMI, FL 33165		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000134426 04/28/04-80017-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	GAVARAS, DAVID E	
STREET ADDRESS	9361 SW 27 STREET	
CITY-STATE-ZIP	MIAMI, FL 33165	
TITLE	D	
NAME	ZINGALE, JOHN C	
STREET ADDRESS	8920 NW 8 STREET	
CITY-STATE-ZIP	PEMBROKE PINES, FL 33024	
TITLE	D	
NAME	MARAZZI, ADOLFO E	
STREET ADDRESS	11800 SW 18 STREET #503	
CITY-STATE-ZIP	MIAMI, FL 33175	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 