

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007457

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC2057010392**

**Entity Name:** CITA CON LA VIDA INC.

**Current Principal Place of Business:**

2104 CONGRESS LANE  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

P.O BOX 701310  
SAINT CLOUD, FL 34770

**FEI Number:** 27-3249522

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FERREYRA, SANTIAGO H  
2104 CONGRESS LANE  
SAINT CLOUD, FL 34769 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 FERREYRA, SANTIAGO H  
Address 2104 CONGRESS LANE  
City-State-Zip: SAINT CLOUD FL 34769

Title VP  
Name FERREYRA, VALERIA I  
Address 2104 CONGRESS LANE  
City-State-Zip: SAINT CLOUD FL 34769

Title GM  
Name BELART, CARLOS A  
Address 2104 CONGRESS LANE  
City-State-Zip: SAINT CLOUD FL 34769

Title O.  
Name GLARIA, FERNANDO R  
Address 2104 CONGRESS LANE  
City-State-Zip: SAINT CLOUD FL 34769

Title O.  
Name AMADO, CARLOS U  
Address 2104 CONGRESS LANE  
City-State-Zip: SAINT CLOUD FL 34769

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANTIAGO FERREYRA

P.

03/22/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date