

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010302

**Entity Name:** FUNDACION VIDA, INC

**Current Principal Place of Business:**

201 S. BISCAYNE BLVD.  
905  
MIAMI, FL 33131

**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC2545068538**

**Current Mailing Address:**

201 S. BISCAYNE BLVD.  
905  
MIAMI, FL 33131

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

NEGOCIOS EN USA  
201 S BISCAYNE BLV  
STE 905  
MIAMI, FL 33131 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            D, P  
Name            RIZO PINEDA, CECILIA  
Address        201 S. BISCAYNE BLVD., STE 905  
City-State-Zip: MIAMI FL 33131

Title            D,VP  
Name            ADREANI RIZO, PATRICIA  
Address        201 S. BISCAYNE BLVD., STE 905  
City-State-Zip: MIAMI FL 33131

*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: ADREANI RIZO , PATRICIA**

**D, VP**

**04/17/2015**

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

\_\_\_\_\_  
Date