

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000047968

**Entity Name:** COMIDA VIDA, INC.

**Current Principal Place of Business:**

5600 ELMHURST CIR  
OVIEDO, FL 32765

**Current Mailing Address:**

5600 ELMHURST CIR  
OVIEDO, FL 32765

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LAM, ALLAN K  
5600 ELMHURST CIR  
OVIEDO, FL 32765 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 LAM, ALLAN  
Address 5600 ELMHURST CIR  
City-State-Zip: OVIEDO FL 32765

Title P  
Name LINCOLN, YEE  
Address 5600 ELMHURST CIR  
City-State-Zip: OVIEDO FL 32765

Title SVP  
Name JAUDES, KIRK  
Address 5600 ELMHURST CIR  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name VONGMANY, HONG  
Address 5600 ELMHURST CIR  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name HILGER, ASHTYN  
Address 5600 ELMHURST CIR  
City-State-Zip: OVIEDO FL 32765

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

**SIGNATURE:** ALLAN LAM

**CO-PRESIDENT**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date