2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005429

Entity Name: VIVATRU CORP.

FILED Jan 17, 2007 Secretary of State

Thing Name: VIV/CITCO COICE.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1150 19TH VERO BEA	STREET CH, FL 32960					
Current Mailing Address:			New Mailing Address:			
1150 19TH VERO BEA	STREET CH, FL 32960					
FEI Number: 20-0387786 FEI Number Applied For ()		El Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Na				lame and Address of New Registered Agent:		
1150 19TH	GEORGIANA STREET CH, FL 32960	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.						
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
Election Cam	paign Financing 1	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP () D COTTON, RICHAF 3175 11TH TERR VERO BEACH, FL	RD A ACE	Title: Name: Address: City-St-Zip:	D, P (X) ALVAREZ, ANTO 2123 FM 1960 V HOUSTON, TX	V	
Title: Name: Address: City-St-Zip:	DVP () D FRIEDMAN, AHAF 1638 WINDSOR I CLEARWATER, F	RON DR	Title: Name: Address: City-St-Zip:	D (X) FRIEDMAN, AH, 1638 WINDSOF CLEARWATER,	RDRIVE	
Title: Name: Address: City-St-Zip:	S () D MCCALL, GEORG 606 20TH ST SW VERO BEACH, FL	GIANA	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DT (X) D COTTON, DONAL 1131 WEST 13TH VERO BEACH, FL	SQUARE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (X) D ALVAREZ, ANTON 2123 FM 1960 W HOUSTON, TX 77		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTONIO ALVAREZ D, P 01/17/2007