2007 FOR PROFIT CORPORATION

Jan 29, 2007 08:00 AN ANNUAL REPORT **Secretary of State DOCUMENT # G87668** 1. Entity Name VIDA ENTERPRISES, INC. Mailing Address Principal Place of Business 6469 SOUTHWEST 50TH STREET 6469 SOUTHWEST 50TH STREET MIAMI, FL 33155 MIAMI, FL 33155 01202007 No Chg-P GR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2368982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOROWITZ, DAVID DO NOT WRITE 6469 SW 50TH ST MIAMI, FL 33155 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOROWITZ, DAVID NAME U00000609216 STREET ADDRESS 6469 SOUTHWEST 50TH ST 02/01/07-80042-007 150.0d CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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, "fiftyfall of)er like empowered.

SIGNATURE: Y

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIF

> SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED