


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L05000038425 | |  |
| 1. Entity Name VIDA ENTERPRISES, LLC | | |


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| Principal Place of Business 10600 SW 8 ST MIAMI, FL 33174 | Mailing Address 14040 SW 22 STREET MIAMI, FL 33175 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| FLORIDA ANNUAL REPORT SRVS., INC 2300 CORAL WAY STE 200 MIAMI, FL 33145 | |

01262007 Chg-LLC CR2E083 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-2936949 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

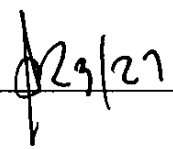
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|--|--------------------------------|
| 5. Certificate of Status Desired  | \$5.00 Additional Fee Required |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

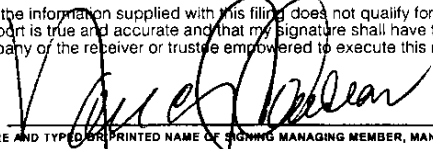
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDRADE, NANCY 14040 SW 22 STREET MIAMI, FL 33175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000095997050 04/08/07--01036--014 **\$5.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDRADE, LUIS 14040 SW 22 STREET MIAMI, FL 33175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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|--|---------------|--------------------------------|
| SIGNATURE:  | Date: 2/23/07 | Daytime Phone #: (305) 8560050 |
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NANCY ANDRADE, MGRM

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

