2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010775

Entity Name: VIVA LAS CHICAS, INC.

FILED Jan 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17 73RD ST. N. ST PETERSBURG, FL 33710 **Current Mailing Address: New Mailing Address:** 8625 E. BAY DRIVE SUNSET BEACH, FL 33706 FEI Number: 73-1713494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOODY, AMBERLEA 2000 34TH AVENUE N. ST. PETERSBURG, FL 33713 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MRS () Delete (X) Change () Addition LANG, SUE LANG, SUE MRS Name: Name: 6 BELLEVNE DRIVE Address: 6 BELLEVIEW DRIVE Address: City-St-Zip: TREASURE ISLAND, FL 33706 US City-St-Zip: TREASURE ISLAND, FL 33706 US (X) Change () Addition Title: MISS () Delete Title: **PRES** MOODY, AMBERLEA Name: MOODY, AMBERLEA MISS Name: Address: 2000 34TH AVENUE N. Address: 2000 34TH AVENUE N. City-St-Zip: ST. PETERSBURG, FL 33713 City-St-Zip: ST. PETERSBURG, FL 33713 US Title: () Delete Title: **TREA** () Change (X) Addition TUSHAUS, PAM MRS. Name: Name: 8625 E. BAY DRIVE Address: Address: City-St-Zip: City-St-Zip: SUNSET BEACH, FL 33706 US () Change (X) Addition Title: () Delete Title: SEC ABU-KESHEK, MARY-LYN MRS Name: Name: 1631 67TH STREET NORTH #140 Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33710 US Title: () Delete Title: () Change (X) Addition SCHAEFFER, BRUCE MR. Name: Name: 10447 LA MIRAGE COURT Address: Address: TAMPA, FL 33615 US City-St-Zip: City-St-Zip:

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

SIGNATURE: PAM TUSHAUS TREA 01/07/2006