

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010775

Entity Name: VIVA LAS CHICAS, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

2000 34TH AVENUE N.
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66866
ST. PETE BEACH, FL 33736

New Mailing Address:

FEI Number: 73-1713494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, AMBERLEA
2000 34TH AVENUE N.
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: LANG, SUE MRS
Address: 6 BELLEVIEW DRIVE
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: PRES () Delete
Name: MOODY, AMBERLEA MISS
Address: 2000 34TH AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: TREA () Delete
Name: TUSHAUS, PAM MRS.
Address: 8625 E. BAY DRIVE
City-St-Zip: SUNSET BEACH, FL 33706 US

Title: SEC () Delete
Name: ABU-KESHEK, MARY-LYN MRS
Address: 1631 67TH STREET NORTH #140
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: DIR () Delete
Name: SCHAEFFER, BRUCE MR.
Address: 10447 LA MIRAGE COURT
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: WORKMAN, JENNIFER MRS
Address: 17TH AVENUE N.
City-St-Zip: ST. PETERSBURT, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify 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 TUSHUAS

TREA

01/11/2008

Electronic Signature of Signing Officer or Director

Date