

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 20, 2009  
Secretary of State

DOCUMENT# N07000002311

Entity Name: DA VIDA, CORP.

**Current Principal Place of Business:**

4091 121ST TERRACE N  
ROYAL PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

4091 121ST TERRACE N  
ROYAL PALM BEACH, FL 33414

**New Mailing Address:**

FEI Number: 74-3218251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, EFRAIN  
4091 121ST TERRACE N  
ROYAL PALM BEACH, FL 33414 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: D ( ) Delete  
Name: SILVA, EFRAIN  
Address: 4091 121ST TERRACE N  
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: D ( ) Delete  
Name: NELMS, EYBETT  
Address: 27A BEDFORD COURT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: SILVA, EFRAIN  
Address: 4091 121ST TERRACE N  
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: D ( ) Delete  
Name: SILVA, BETTY  
Address: 4091 121ST TERRACE N  
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: D ( ) Delete  
Name: NELMS, STEPHEN  
Address: 27A BEDFORD COURT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

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: EFRAIN SILVA

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date