2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N08000003429

Entity Name: PURA VIDA COSTA RICAN ASSOCIATION INC. (PURAVICORIA)

Current Principal Place of Business:

11348 CALLAWAY TOWN
RIVERVIEW, FL 33579

New Principal Place of Business:

9485 HIGHLAND OAKS DR
1715
TAMPA, FL 33647

Current Mailing Address:

P.O. BOX 47763
TAMPA, FL 33646

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTERO, MARTA
9481 HIGHLAND OAKS DR. # 1715
TAMPA, FL 33647 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: P ( ) Delete
Name: MONTERO, MARTA
Address: P.O. BOX 47763
City-St-Zip: TAMPA, FL 33646

Title: S ( ) Delete
Name: OBANDO, FIDELINA
Address: 11348 CALLAWAY TOWN
City-St-Zip: RIVERVIEW, FL 33579

Title: T ( ) Delete
Name: LOGHLIN, SONIA
Address: 11857 NORTHTRAIL AVE
City-St-Zip: TAMPA, FL 33617

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: MR. ( ) Change (X) Addition
Name: JOHAN, VARGAS
Address: 9481 HIGHLAND OAKS DR
City-St-Zip: TAMPA, FL 33647

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: MARTA MONTERO MS 01/16/2009
Electronic Signature of Signing Officer or Director — Date