


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90070 001 ****66.25
 03-09-2004 90070 002 ****8.75

DOCUMENT # N42558

1. Entity Name
VIDA ABUNDANTE, INC.




Principal Place of Business Mailing Address
6300 NW 77 CT. **6300 NW 77 CT.**
MIAMI FL 33166 **MIAMI FL 33166**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
65-0276413 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRUELLE, CARMEN
15969 N.W. 64 AVE., #404
MIAMI FL 33014


7. Name and Address of New Registered Agent

Name **ROBERTO COLLOCA**

Street Address (P.O. Box Number is Not Acceptable)
15421 DURNFORD DRIVE

City **MIAMI LAKES** FL Zip Code **33014**

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 **ROBERTO COLLOCA**  **2-01-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CRUELLE, CARMEN	15969 N.W. 64 AVE., #404	MIAMI FL 33014	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ROBERTO COLLOCA	15421 DURNFORD DRIVE	MIAMI LAKES - FL - 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VICEPRESIDENT	15421 DURNFORD DRIVE	MIAMI LAKES - FL - 33014	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	SECRETARY	15421 DURNFORD DRIVE	MIAMI LAKES - FL - 33014	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:  **2-01-04** **786-290-6775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #