

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42558

FILED  
Jun 19, 2008  
Secretary of State

Entity Name: VIDA ABUNDANTE, INC.

## Current Principal Place of Business:

6300 NW 77 CT.  
MIAMI, FL 33166

## New Principal Place of Business:

5601 NW 159 ST  
MIAMI GARDENS, FL 33014

## Current Mailing Address:

15421 DURNFORD DRIVE  
MIAMI LAKES, FL 33014

## New Mailing Address:

5601 NW 159 ST  
MIAMI GARDENS, FL 33014

FEI Number: 65-0276413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

COLLOCA, ROBERTO  
15421 DURNFORD DRIVE  
MIAMI, FL 33014      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: PD      ( ) Delete  
Name: COLLOCA, ROBERTO  
Address: 15421 DURNFORD DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: V      ( ) Delete  
Name: COLLOCA, MIRTA  
Address: 15421 DURNFORD DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: O      ( ) Delete  
Name: COLLOCA, LEONARDO  
Address: 15421 DURNFORD DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: S      ( ) Delete  
Name: COLLOCA, ANDREA  
Address: 15421 DURNFORD DR  
City-St-Zip: MIAMI LAKES, FL 33014

## 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:

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: ROBERTO COLLOCA

PD

06/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date