

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001321

FILED
Apr 29, 2009
Secretary of State

Entity Name: SENDA DE VIDA, INC.

Current Principal Place of Business:

11400 N.W. 20TH ST.
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

11400 N.W. 20TH ST.
OCALA, FL 34482

New Mailing Address:

FEI Number: 02-0539487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPARZA, BALTAZAR
11400 N.W. 20TH ST.
OCALA, FL 34482 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: ESPARZA, BALTAZAR
Address: 11400 N.W. 20TH ST.
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: ESPARZA, YOLANDA
Address: 11400 N.W. 20TH ST.
City-St-Zip: OCALA, FL 34482

Title: T () Delete
Name: MALDONADO, GABRIEL
Address: 11400 N.W. 20TH STREET
City-St-Zip: OCALA, FL 34482

Title: S () Delete
Name: CARBALLO, SINAR
Address: 11400 NW 20TH ST
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: BAUTISTA, MARGARITO
Address: 11400 N.W. 20TH STREET
City-St-Zip: OCALA, FL 34482

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: BALTAZAR ESPARZA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date