2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116707

Address:

City-St-Zip:

Entity Name: VIVA IDEA PROMOTIONS, INC

FILED Jan 19, 2009 Secretary of State

| | | (11(C))(C)1(C)(C) | | | | |
|---|---|---------------------------------|---|--|----------------------------------|--|
| Current P | rincipal Place | of Business: | New Princ | New Principal Place of Business: | | |
| | NATURA BLVD LD BEACH, FL | | | | | |
| Current Mailing Address: | | | New Mailii | New Mailing Address: | | |
| PO BOX 1 DEERFIEL | 051 LD BEACH, FL | 33443 | | | | |
| FEI Number | : 65-1070306 | FEI Number Applied For() | FEI Number Not Appli | icable () C | ertificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | |
| 2200 N FE SUITE # 2 | (, BRIAN CPA :DERAL HWY 28 TON, FL 33431 | US | | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing it | ts registered offic | e or registered agent, or both, | |
| SIGNATUI | RE: | | | | | |
| | Electroni | c Signature of Registered Ag | ent | | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PD () GARCIA, EDMUI 2516 SW NATUI DEERFIELD BE | RA BLVD | Title: Name: Address: City-St-Zip: | () Ch | nange()Addition | |
| Title: Name: Address: City-St-Zip: | SD () GARCIA, OSCAI 3304 VIRGINIA COCONUT GRO | ST APT 5B | Title: Name: Address: City-St-Zip: | () Ch | nange()Addition | |
| Title: Name: Address: City-St-Zip: | VD () GARCIA, MIGUE 2516 SW NATUI DEERFIELD BE | RA BLVD | Title: Name: Address: City-St-Zip: | () Cł | nange()Addition | |
| Title: Name: | () | Delete | Title: Name: | VD () Ch OSORIO, DORIS | nange (X) Addition | |

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address: City-St-Zip: 2516 SW NATURA BLVD

DEERFIELD BEACH, FL 33441

SIGNATURE: EDMUNDO GARCIA PD 01/19/2009