2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 AM Secretary of State

DOCUMENT # P01000087868 1. Entity Name VIVAVIDEO.COM, INC.				Secretary of Stat				
Principal Place of Business 9775 NW 44 TERR MIAMI, FL 33178		Mailing Address 7105 SW 8 ST 306 MIAMI, FL 33144						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.		04302007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State		4. FEI Number 65-1135	643		 	plied For t Applicable
Zip Country		Zip	Country	5, Certificate o	Status Desired		8.75 Add ee Required	
	6. Name and Address of Curren	t Registered Agent	None	7. Name and A	ddress of New F	legistered Ag	ent	
TRUJILLO, JUAN C 9775 NW 44 TERR MIAMI, FL 33178			Name Street Addres	ss (P.O. Box Number	is Not Acceptabl	е)		
			City			FL	Zip Code	÷
	Signature, typad or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp		55.00 May Be added to Fees		DATE		
	OFFICERS AN		11.	ADDITIONS/C	HANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUJILLO, JUAN C 9775 NW 44 TERR MIAMI, FL 33178	D DIRECTORS Delete	TILE NAME STREET ADDRESS CITY-S1-ZiP	ADDITIONS/C	HANGES TO OFF		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			i	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delble	TITLE NAME STREET ADDRESS CITY-ST-ZIP		HAAA	: ::::::::::::::::::::::::::::::::::::	Change	Addition
TITLE NAME		☐ Delete	TITLE NAME		05/22/0	7-8009	Cience!	[indicated]
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
		☐ Delete					Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTES NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (305)22634X