

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-18-2003 90081 019 ***150.00
FILED P01000097563

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DOCUMENT # P01000097563
1. Entity Name
PURA VIDA USA, INC.



03 AUG -4 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1100 NORTHEAST 5TH TERRACE
FORT LAUDERDALE FL 33304

Mailing Address
1100 NORTHEAST 5TH TERRACE
FORT LAUDERDALE FL 33304



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1142000**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HALE, KENRRY
245 NE 17 COURT
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD HALE, MICHAEL A 1100 NORTHEAST 5TH TERRACE FORT LAUDERDALE FL 33304 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HALE, DENISE 1100 NORTHEAST 5TH TERRACE FORT LAUDERDALE FL 33304 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GUNTHER, DAVID 3800 NW 71 STREET COCONUT CREEK FL 33073 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03 954-467-2468
Date Daytime Phone #

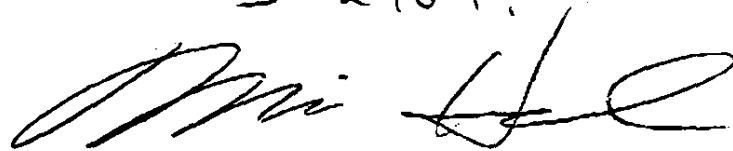
CR2E034 (4/03)

ATTN: Justin

Justin,

As per our phone conversation, I explained that I did not receive the annual Report, therefore I did not mail it in. However, I did receive the late notice and I did mail in the completed form with the \$150.00 fee. My Ref. # is PO1000097563. Please honor my request to process this report and waive the Late Fee. I will make sure to look for next years Report.

Thanks a lot,



Pura Vida USA, Inc.
954-467-2468