2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000004916

1. Entity Name
VIDA'S BOUTIQUE, INC.

Principal Place of Business	Mailing Address
411 NW 82 AVE. #1006	411 NW 82 AVE. #1006
MIAMI, FL 33126	MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

04022004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
26-0014957		Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, JULIO
411 NW 82 AVE. #1006
MIAMI, FL 33126

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IN THIS SPACE

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 X _____   04/02/04

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000103648
04/05/04-80055-006 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVD
NAME	GUTIERREZ, JULIO
STREET ADDRESS	411 NW 82 AVE. #1006
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	ST
NAME	GUTIERREZ, JULIO
STREET ADDRESS	411 NW 82 AVE. #1006
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____   04/02/04   (305)261-4564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #