

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049353

Entity Name: VIDA IMPORT INC.

FILED  
Mar 29, 2005  
Secretary of State

## Current Principal Place of Business:

5036 DR. PHILLIPS BLVD  
SUITE 306  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

5036 DR. PHILLIPS BLVD  
SUITE 306  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 41-2087959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLAN, PABLO  
1219 N CHICKASAW TR  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

TORO, RUBEN  
7345 SAND LAKE RD.  
204  
ORLANDO, FL 32819 US

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: RUBEN D. TORO

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SILVA, OSVALDO G  
Address: 3757 CONROY RD #2512  
City-St-Zip: ORLANDO, FL 32839

Title: V ( ) Delete  
Name: SILVA, SIMONE M  
Address: 3757 CONROY RD #2512  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: SILVA, OSVALDO G  
Address: 2301 LAKE DEBRA DR. APT. 128  
City-St-Zip: ORLANDO, FL 32835

Title: DVPT (X) Change ( ) Addition  
Name: SILVA, SIMONE M  
Address: 2301 LAKE DEBRA DR. APT. 128  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: OSVALDO G. SILVA

DPS

03/29/2005

Electronic Signature of Signing Officer or Director

Date