2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State
06-21-2004 90003 006 ***150.00

66429403

DOCUMENT # P02000056913

1. Entity Name
VIDAFE CORP.

Principal Place of Business	Mailing Address
9051 N.W. 145TH STREET MIAMI LAKES, FL 33018	9051 N.W. 145TH STREET MIAMI LAKES, FL 33018

DO NOT WRITE IN THIS SPACE

06162004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0618785
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONILLA, VICTORIA
9051 N.W. 145TH STREET
MIAMI LAKES, FL 33018

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BONILLA, VICTORIA
STREET ADDRESS	9051 N.W. 145TH STREET
CITY-ST-ZIP	MIAMI LAKES, FL 33018
TITLE	V
NAME	ARBOLEDA, DANIEL
STREET ADDRESS	9051 N.W. 145TH STREET
CITY-ST-ZIP	MIAMI LAKES, FL 33018
TITLE	S
NAME	ARBOLEDA, FERNANDO
STREET ADDRESS	9051 N.W. 145TH STREET
CITY-ST-ZIP	MIAMI LAKES, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 6/16/4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #