## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

## **FILED** Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P03000030632 1. Entity Name VIDA PLENA CORP. Principal Place of Business Mailing Address 210 - 174 ST -SUITE # 609 SUNNY ISLES FL 33160 210 - 174 ST SUITE # 609 SUNNY ISLES FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 75-3107346 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUIROZ, CRACIELA A Street Address (P.O. Box Number is Not Acceptable) 210 - 174 ST **SUITE # 609** SUNNY ISLES FL 33160 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. 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** Total Change Addition | TITLE ☐ Delete U00000333935 QUIROZ, GRACIELA A NAMI 04/27/05-80026-001 150.00 STHEET ADDRESS STREET ADDRESS 210 - 174 ST SUITE # 609 SUNNY ISLES FL 33160 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete unt TITLE NAME STREET ADOPESS SURFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TIDE ☐ Relete NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP □ Addition ☐ Delete Change Dlef NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HEF Change Addition HILE NAMir NAME STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY-ST-ZIP 12. Thereby 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 suscute 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.