

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/2:

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-21-2004 90003 013 ***150.00

DOCUMENT # P03000052686

1. Entity Name
CALIDAD DE VIDA, INC.



Principal Place of Business
**5499 NW 45TH WAY
COCONUT CREEK, FL 33073**

Mailing Address
**5499 NW 45TH WAY
COCONUT CREEK, FL 33073**

66426956



2. Principal Place of Business
x 2701 Riverside DR Apt 415B

3. Mailing Address

Suite, Apt. #, etc.

Apt 415B

Suite, Apt. #, etc.

05112004

Chg-P

CR2E034 (10/03)

City & State

Coral Springs FL

City & State

4. FEI Number

x 37-1466440

Applied For

Not Applicable

Zip

33065-5552

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUEÑAS, ALVARO
5499 NW 45TH WAY
COCONUT CREEK, FL 33073**

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

Signature of officer or principal named in registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

05/18/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**PD
DUENAS, ALVARO
5499 NW 45TH WAY
COCONUT-CREEK, FL 33073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
VERGARA, CAMILO E
5499 NW 45TH WAY
COCONUT CREEK, FL 33073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALVARO DUEÑAS
2701 Riverside DR Apt 415B
Coral Springs FL 33065-5552**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Camilo Vergara
2701 Riverside DR Apt 415B
Coral Springs FL 33065-5552**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/04 9543455098

Date

Daytime Phone #