


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000061413
 1. Entity Name
 LA PURA VIDA ENTERPRISES, INC.



Principal Place of Business Mailing Address
 204 SE HIGHWAY 441, PO BOX 611,
 MICANOPY, FL 32667 MICANOPY, FL 32667

DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 41-2103298 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUFFINO, WINNY P
 9050 NW 230TH STREET
 MICANOPY, FL 32667

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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: Winnie P. Ruffino DATE: 3/19/07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

1000000681928
 04/04/07-80065-013 155.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUFFINO, FRANK A
STREET ADDRESS	PO BOX 611
CITY - ST - ZIP	MICANOPY, FL 32667
TITLE	D
NAME	RUFFINO, WINNY P
STREET ADDRESS	PO BOX 611
CITY - ST - ZIP	MICANOPY, FL 32667
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained in Chapter 119, 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: Winnie P. Ruffino DATE: 3/19/07

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