2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 10

**DOCUMENT # P03000075708** 

7. Entity Name

## FILED Apr 21, 2004 8:00 am Secretary of State

04-05-2004 90067 017 \*\*\*150.00

VIVLA IN'	VESTMENT COMPANY							
Principal Place of Business 9554 KINGSBURY CT. WINDERMERE FL 34786		Mailing Address 9554 KINGSBURY CT. WINDERMERE FL 34786		DUTA				
2. Principal P	face of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)				
City & State		City & State		4. FEI Number   Applied For   20 - 00 & \$ 7 1 7   Not Applied by Applied For   Applied	e			
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	7			
y .	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	コ			
1844 4TH	EGEL & UTRERA, P.A. O SW 22ND ST. I FLOOR MI FL 33145	ه احد را روای و در پیل کویک جمع کار ۱ فیندستان میشند کنید	Street Add	Street Address (P.O. Box Number is Not Acceptable) 9554 Kingsbury Ct  City Windermere FL Zip Code 34786				
SIGNATURE . F	Sgnarue. Typed or printed name of registered age.  LE NOW!!! FEE IS \$150.00.  May 1, 2004 Fee will be \$550.0  (Payable to Florida Department	o v	Registered Agent signature	9. Election Campaign Financing Trust Fund Contribution.				
10.	只用的名词形式的一种的一种的语言。	(조건()) (ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SHEN, JIE 9554 KINGSBURY CT. WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition	- -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CHEN, LONG 9554 KINGSBURY CT. WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	r.			
TITLE	1	Detete	TITLE NAME	☐ Change ☐ Addition	n			
STREET ADDRESS . CITY-SI-ZIP TITLE			STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	_			
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		"			
TITLE NAME STREET ADDRESS		C) Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additio	iu			

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Delete

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAMES SIGNING OFFICER OR DIRECTOR

3-30-2004

807-822-935,

☐ Change

☐ Addition

Date

Daytime Phone #