

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105006

Entity Name: VIVAS CORPORATION

FILED
Jul 01, 2005
Secretary of State

Current Principal Place of Business:

6255 BENT PINE DRIVE
SUITE 721B
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

6255 BENT PINE DRIVE
SUITE 721B
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 11-3704576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIVAS, DAVID
6255 BENT PINE DRIVE
SUITE 721B
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VIVAS, DAVID
Address: 6255 BENT PINE DRIVE SUITE 721B
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: VIVAS, ARMANDO
Address: 6213 BENT PINE DR STE 121A
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: VIVAS, LUIS
Address: 5160 CONROY RD STE 1427
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: VIVAS, ROBERTO
Address: 6255 BENT PINE DRIVE SUITE 721B
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO VIVAS

D

07/01/2005

Electronic Signature of Signing Officer or Director

Date