

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052106

Entity Name: NATURAL VIDA, INC

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

1401 S. LE JEUNE RD  
4  
MIAMI, FL 33134

## Current Mailing Address:

P. O. BOX 144162  
CORAL GABLES, FL 33114 US

## New Principal Place of Business:

8515 NW 3RD LN  
11  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 20-0922555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACHON, MARTA CAROLINA  
8515 NW 3RD LN UNIT 11  
MIAMI, FLORIDA, FL 33126 US

## Name and Address of New Registered Agent:

ZUNIGA, MARTA  
8515 NW 3RD LN UNIT 11  
MIAMI, FLORIDA, FL 33126 US

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: MARTA ZUNIGA

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MACHON, MARTA CAROLINA  
Address: 8515 NW 3RD LN UNIT 11  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ZUNIGA, MARTA  
Address: 8515 NW 3RD LN UNIT 11  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARTA ZUNIGA

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date