## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000058421

Entity Name: FORMA VIVA, INC.

FILED Jan 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6650 PARKSIDE DRIVE 1190 NE 37TH ST

B-2 PARKLAND, FL 33064 US

PARKLAND, FL 33067 US

1190 NE 37TH ST 1190 NE 37TH ST

B-2 POMPANO BEACH, FL 33064 US

POMPANO BEACH, FL 33064 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**New Mailing Address:** 

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BASTA, BLAZENKA
6650 PARKSIDE DRIVE
BASTA, BLAZENKA
1190 NE 37TH ST

B-2 POMPANO BEACH, FL 33064 US

PARKLAND, FL 33067 US

**Current Mailing Address:** 

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: BLAZENKA BASTA 01/16/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete Title: P/D (X) Change ( ) Addition Name: BASTA, BLAZENKA Name: BASTA, BLAZENKA

Address: 6650 PARKSIDE DRIVE, SUITE B-2 Address: 1190 NE 37TH ST

City-St-Zip: PARKLAND, FL 33067 US City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VP/D ( ) Delete Title: VP/D (X) Change ( ) Addition

Name: HORVAT, MILJENKO Name: HORVAT, MILJENKO Address: 6650 PARKSIDE DRIVE, SUITE B-2 Address: 1190 NE 37TH ST

City-St-Zip: PARKLAND, FL 33067 US City-St-Zip: POMPANO BEACH, FL 33064 US

Title: S/T () Delete Title: S/T (X) Change () Addition Name: GOLAC, ADELA Name: GOLAC, ADELA

Address: 6650 PARKSIDE DRIVE, SUITE B-2 Address: 1190 NE 37TH ST

City-St-Zip: PARKLAND, FL 33067 US City-St-Zip: POMPANO BEACH, FL 33064 US

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: BLAZENKA BASTA PRES 01/16/2006