

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 A
Secretary of State

DOCUMENT # P04000083879

1. Entity Name
VIVA DEMOCRACY CORP.



Principal Place of Business
**ONE GROVE ISLE DR - STE 902
MIAMI, FL 33133**

Mailing Address
**ONE GROVE ISLE DR - STE 902
MIAMI, FL 33133**



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1157096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAUK, WILLIAM H JR
ONE GROVE ISLE DR - STE 902
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**U00000658392
03/15/07-80036-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAUK, WILLIAM H JR
STREET ADDRESS	ONE GROVE ISLE DR - STE 902
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VP
NAME	YBARA, STEVEN J
STREET ADDRESS	ONE GROVE ISLE DR - STE 902
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VP
NAME	LOPEZ DE LA CRUZ, DANIEL A
STREET ADDRESS	ONE GROVE ISLE DR - STE 902
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VP
NAME	CHAVEZ, DANIEL
STREET ADDRESS	ONE GROVE ISLE DR - STE 902
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	S
NAME	MAUK, JO
STREET ADDRESS	ONE GROVE ISLE DR - STE 902
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Bill Mauk (Bill Mauk)* *2/28/07* *286-386-*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *3733*