## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000083879

Address:

City-St-Zip:

Entity Name: VIVA DEMOCRACY CORP

FILED Apr 05, 2008 Secretary of State

Littly Na	ille. VIVA DE	WOCKACT CORF.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
ONE GROVE ISLE DR - STE 902			ONE GROVE ISLE DR		
MIAMI, FL	33133		902 MIAMI, FL 33133		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
ONE GROVE ISLE DR - STE 902 MIAMI, FL 33133			ONE GROVE ISLE DR 902 MIAMI, FL 33133	902	
FEI Number	: 20-1157096	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MAUK, WILLIAM H JR ONE GROVE ISLE DR - STE 902 MIAMI, FL 33133 US			MAUK, WILLIAM H JR ONE GROVE ISLE DR 902 MIAMI, FL 33133 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATURE:				04/05/2008	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MAUK, WILLIA	SLE DR - STE 902	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	YBARA, STEVE	SLE DR - STE 902	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LOPEZ DE LA	) Delete CRUZ, DANIEL A SLE DR - STE 902 33	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CHAVEZ, DANI	SLE DR - STE 902	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	S ( MAUK, JO	) Delete	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM H MAUK JR P 04/05/2008

ONE GROVE ISLE DR - STE 902

MIAMI, FL 33133