

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000123967

1. Entity Name  
SALUD ES VIDA CORP



Principal Place of Business  
315 W 9TH ST  
HIALEAH, FL 33010

Mailing Address  
315 W 9TH ST  
HIALEAH, FL 33010

2. Principal Place of Business - No P.O. Box #  
315 W 9TH ST

3. Mailing Address

Suite, Apt. #, etc.  
2nd Floor

Suite, Apt. #, etc.

City & State  
HIALEAH, FL

City & State  
MIAMI, FL

Zip 33010 Country USA

Zip 33194 Country USA

6. Name and Address of Current Registered Agent

FRAGA, MANUEL  
315 W 9TH ST  
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name *Lizette Arango*

Street Address (P.O. Box Number is Not Acceptable)

315 W 9TH ST. 2nd Floor

City HIALEAH FL Zip Code 33010

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/07

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

900092278299

03/12/07--01017--013 \*\*159.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAGA, MANUEL 315 W 9TH ST HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Lizette ARANGO 315 W 9TH ST. 2nd Floor HIALEAH, FL 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, without other like empowered.

SIGNATURE:

*Lizette Arango*

2/16/07

Date

Daytime Phone #