2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000001406 VIVA ASSOCIATES, INC



FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90070 025 ***150.00

	·			TEE!				
Principal Plac	e of Business	Mailing Address			40	Addaga		
11767 S DIXIE HWY #217 1		11767 S DIXIE HWY #217 PINECREST, FL 33156-4438			· ·			
2. Principal P	Place of Business							
2. Principal Place of Business 11767 S DIXIE HWY # 217 Suite, Apt. #, etc. 3. Mailing Address 11767 S DIXIE HW Suite, Apt. #, etc.				(17)		WINI AII'II NYIFI ANTII NYIFI	69111 69101 JJDIT 61911 62116 6	
_					01172006	Chg-P	CR2E034 (11/05)	
PINECREST, FL PINECREST					4. FEI Number 0438	303208	. —	pplied For ot Applicable
Zip 33/56-4438 MIAMI-DADE 33/56-4438 MIAMI-DADE 5. Certificate of Status Desired Fee Required								
6. Name and Address of Current Registered Agent					7. Name and A	Address of New Re	gistered Agent	
BIANCHI, AUGUSTO J				Name				
8101 SW 122 STREET MIAMI, FL 33156				Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Coo	de et
8 The above	named antity submits this statement for t	he purpose of changing its reg	istared office or	ropictor	ad accet or both	in the State of Flor		and accept
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								
EII	E NOW!!! FEE IS \$150.00	SElection Campaign	Financing-	\$5.	00 May Be		-	
	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribu	tion.		ed to Fees			
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
TITLE	P	☐ Delete	TITLE	P.	acui Ade	CUSTO J.	Change	Addition
NAME STREET ADDRESS	BLANCHI, AUGUSTO J 11767 S DIXIE HWY #217		NAME Street Address	BIAN	JCHI, AUG	XIE HWYH	·217	
CITY-ST-ZIP	PINECREST, FL 331564438		CITY-ST-ZIP	PINE	CNEST F	2 33156	4438	
TITLE	v	☐ Dejete	TITLE	<u> </u>			Channe	Addition
NAME	BLANCHI, VIOLETA A		NAME	BLA	INCHT, VI	OVETA A. SIXIE HWY		
STREET ADDRESS	11767 S DIXIE HWY #217		STREET ADDRESS			SIXIE HWY	77~1 /	
CITY-ST-ZIP	PINECREST, FL 331564438		CITY-ST-ZIP	PINE	chest, r	2 33/16 9		
TITLE	T CARELLA	☐ Delete	TITLE	7.	111014	CARGIL	A	☐ Addition
NAME STREET ADDRESS	BLANCHI, ISABELLA 11767 S DIXIE HWY #217		name Street adoress	25!	DOD SX	ISABELL IXIG HWY T	£217	
CITY-SI-ZIP	PINECREST, FL 331564438		CITY-ST-ZIP	Pris	CREST FI	33/16 44	038	
TITLE	s	☐ Delete	TITLE	4				Addition
NAME	BLANCHI, VICTORIA M		NAME	RIA	NCHi. VI	CTORIA M	1	<u></u>
STREET ADDRESS	11767 S DIXIE HWY #217		STREET ADDRESS	=	47 5 N	LIE HWY 1	4211	_
CITY-ST-ZIP	PINECREST, FL 331564438		CITY-ST-ZIP	11 1	PINECE	GST, FL :	1. 4217 33154436	3
TITLE		☐ Delete	TITLE			•	Change	☐ Addition
NAME			NAME CYPTET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition .
NAME	}		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY+ST-ZIP		__	CITY-ST-ZIP					
12. I hereby	certify that the information supplied with t	his filing does not qualify for th	e exemptions c	ontained	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 it 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:

AUGUSTO BIANCHI

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06

786-262-1130