

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90070 025 ***150.00

DOCUMENT # P05000001406					
1. Entity Name VIVA ASSOCIATES, INC					
Principal Place of Business 11767 S DIXIE HWY #217 PINECREST, FL 33156-4438			Mailing Address 11767 S DIXIE HWY #217 PINECREST, FL 33156-4438		
2. Principal Place of Business 11767 S DIXIE HWY #217 Suite, Apt. #, etc.		3. Mailing Address 11767 S DIXIE HWY #217 Suite, Apt. #, etc.			
City & State PINECREST, FL		City & State PINECREST		4. FEI Number 043803208	
Zip 33156-4438		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIANCHI, AUGUSTO J 8101 SW 122 STREET MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BLANCHI, AUGUSTO J STREET ADDRESS 11767 S DIXIE HWY #217 CITY - ST - ZIP PINECREST, FL 331564438	<input type="checkbox"/> Delete		TITLE P NAME BIANCHI, AUGUSTO J. STREET ADDRESS = 11767 S DIXIE HWY #217 CITY - ST - ZIP PINECREST, FL 331564438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME BLANCHI, VIOLETA A STREET ADDRESS 11767 S DIXIE HWY #217 CITY - ST - ZIP PINECREST, FL 331564438	<input type="checkbox"/> Delete		TITLE V NAME BIANCHI, VIOLETA A. STREET ADDRESS = 11767 S DIXIE HWY #217 CITY - ST - ZIP PINECREST, FL 331564438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BLANCHI, ISABELLA STREET ADDRESS 11767 S DIXIE HWY #217 CITY - ST - ZIP PINECREST, FL 331564438	<input type="checkbox"/> Delete		TITLE T NAME BIANCHI, ISABELLA STREET ADDRESS 11767 S DIXIE HWY #217 CITY - ST - ZIP PINECREST, FL 331564438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BLANCHI, VICTORIA M STREET ADDRESS 11767 S DIXIE HWY #217 CITY - ST - ZIP PINECREST, FL 331564438	<input type="checkbox"/> Delete		TITLE S NAME BIANCHI, VICTORIA M. STREET ADDRESS = 11767 S DIXIE HWY #217 CITY - ST - ZIP PINECREST, FL 331564438	<input checked="" 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	
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, with all other like empowered.					
SIGNATURE:		AUGUSTO BIANCHI		1-17-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 786-262-1130	