

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED

AP 05-01-2006 90304 031 ***150.00


FILED 05-08-2006 90280 006 ***150.00

P05000021715

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSL

DOCUMENT # P05000021715					
1. Entity Name VIDA'S SOUVENIRS, INC					
Principal Place of Business 7795 WEST FLAGLER STREET MALL OF AMERICA MIAMI, FL 33144			Mailing Address 7795 WEST FLAGLER STREET MALL OF AMERICA MIAMI, FL 33144		
2. Principal Place of Business		3. Mailing Address 1710 NW 7th ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 201			
City & State		City & State MIAMI FL		4. FEI Number 20-2351152	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		33125			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUTIERREZ, JULIO A 411 NW 87TH AVE APT 1006 MIAMI, FL 33126			Name Vida Leeding		
			Street Address (P.O. Box Number is Not Acceptable) 411 NW 82 Ave Apt 1006		
			City MIAMI FL Zip Code 33126		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PVPD GUTIERREZ, JULIO A 411 NW 87TH AVE APT 1006 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD Vida Leeding 411 NW 82 Ave. APT. 1006 MIAMI FL 33126	<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
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 or without other like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					