


2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/11/2006-90001-026-S158.75-S158.75

DOCUMENT # P05000034938

1. Entity Name
VIVICA INC.



FILED
06 SEP 27 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1820 JAMES AVENUE-2B
MIAMI BEACH, FL 33139-7924**

Mailing Address
**1820 JAMES AVENUE-2B
MIAMI BEACH, FL 33139-7924**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

05082006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3800270

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALIDO, FELIX M
1820 JAMES AVENUE-2B
MIAMI BEACH, FL 33139-7924**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stamping)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VILADEGUTT, MAURICIO F	
STREET ADDRESS	141 CRANDON BLVD APT 243	
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	VILADEGUTT, MARIA P	
STREET ADDRESS	141 CRANDON BLVD APT 243	
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILADEGUTT, MAURICIO F.	ADDRESS
STREET ADDRESS	575 CRANDON BLVD # 312	
CITY-ST-ZIP	KEY BISCAWAYNE, FL, 33149	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILADEGUTT, MARIA P	ADDRESS
STREET ADDRESS	575 CRANDON BLVD #312	
CITY-ST-ZIP	KEY BISCAWAYNE, FL, 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: M. Viladegutt **9/05/06** **305 361-1105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gc 9/28