2007 FOR PROFIT CORPORATION

FILED Apr 11, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P05000091337** VIDA BOCA GRANDE I, INC. Principal Place of Business Mailing Address 1860 REPUBLICA DE CUBA 1860 REPUBLICA DE CUBA **TAMPA, FL 33605 TAMPA, FL 33605** 04052007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number 20-3138305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHANCEY, WALTON H DO NOT WRITE 1860 REPUBLICA DE CUBA TAMPA, FL 33605 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE *** i ie 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHANCEY, WALTON H 1860 REPUBLICA DE CUBA STREET ADDRESS TAMPA, FL 33605 CITY-ST-7IP U00000700015 TITLE 04/19/07-80065-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR