

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122478

Entity Name: VIVABOXES US, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

28944 STATE ROAD 54
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

9801 WASHINGTONIAN BLVD
GAITHERSBURG, MD 20878 US

Current Mailing Address:

28944 STATE ROAD 54
WESLEY CHAPEL, FL 33543

New Mailing Address:

PO BOX 352
BUFFALO, NY 14240 US

FEI Number: 20-3462163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMAL, JEAN-BERNARD
28944 STATE ROAD 54
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMAL, JEAN-BERNARD
Address: 28944 STATE ROAD 54
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: DENEFF, PHILIPPE
Address: BOVENBOSSTRAAT 47 B-3053
City-St-Zip: HAASRODE, BELGIUM,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN-BERNARD LEMAL

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date