2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148759

Entity Name: VIDA Y SALUD, CORP.

FILED Apr 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9591 FONTAINEBLEAU BLVD. 9365 FONTAINEBLEAU BLVD.

309 E-236

MIAMI, FL 33172 MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

9365 FONTAINEBLEAU BLVD. 9591 FONTAINEBLEAU BLVD.

E-236

MIAMI, FL 33172

FEI Number: 20-3752604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, AMANDA A DIAZ, AMANDA A

9365 FONTAINEBLEAU BLVD. 9591 FONTAINEBLEAU BLVD.

E-236

309 MIAMI, FL 33172 US MIAMI, FL 33172 US

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.

MIAMI, FL 33172

SIGNATURE: AMANDA DIAZ 04/21/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DIAZ, AMANDA A Name: Name: DIAZ, AMANDA A

9591 FONTAINEBLEAU BLVD #309 9365 FONTAINEBLEAU BLVD E-236 Address: Address:

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: AMANDA DIAZ 04/21/2007