


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90099 039 \*\*\*150.00

**DOCUMENT # P05000157943**

1. Entity Name  
**RAIS VIDA INTERNATIONAL INC**



Principal Place of Business      Mailing Address  
**11091 SW 65 ST**      **11091 SW 65 ST**  
**MIAMI, FL 33173 US**      **MIAMI, FL 33173 US**

40101100

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**13311 SW 88 TOR**      **13311 SW 88 TOR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**B**      **B**



04302007    Chg-P    CR2E034 (12/06)

City & State      City & State  
**MIAMI FL**      **MIAMI FL**  
 Zip      Country      Zip      Country  
**33182**      **USA**      **33182**      **USA**

4. FEI Number      Applied For  
**20-3875592**       Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JORDAN, ALDO</b> <b>11091 SW 65 ST</b> <b>MIAMI, FL 33173</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, ALDO			NAME	JORDAN ALDO		
STREET ADDRESS	11091 SW 65 ST			STREET ADDRESS	13311 SW 88 TOR APT B		
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	MIAMI FL 33182		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING DE JORDAN, ELIA			NAME	KING DE JORDAN ELIA		
STREET ADDRESS	11091 SW 65 ST			STREET ADDRESS	13311 SW 88 TOR APT B		
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	MIAMI FL 33182		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, ALDO J			NAME	JORDAN ALDO J		
STREET ADDRESS	11091 SW 65 ST			STREET ADDRESS	13311 SW 88 TOR APT B		
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	MIAMI FL 33182		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Aldo Jordan      **ALDO JORDAN**      **PRASIDENT**      **4/30/07 (305) 382-9020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #