

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112598

Entity Name: VIVA SUCCESS, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

1130 HOOVER STREET
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

1130 HOOVER STREET
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 01-0875846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, PHILIP E
7227 TREYMORE COURT
SARASOTA, FL 34243 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,P () Delete
Name: VOGELE, JEAN J
Address: 1130 HOOVER STREET
City-St-Zip: NOKOMIS, FL 34275 US

Title: D,T () Delete
Name: LEONE, PHILIP E
Address: 7227 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34243 US

Title: D,S () Delete
Name: THOMPSON, KEVIN M
Address: 113 SEBRING CIRCLE
City-St-Zip: LEHIGH, FL 33972

Title: D () Delete
Name: THOMPSON, R. SCOTT
Address: 1314 VENICE AVENUE E
City-St-Zip: SARASOTA, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: THOMPSON, R. SCOTT
Address: 1314 VENICE AVENUE E
City-St-Zip: VENICE, FL 34285

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: PHILIP E. LEONE

DT

04/22/2009

Electronic Signature of Signing Officer or Director

Date