
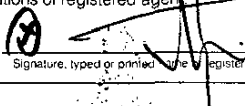
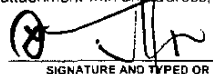


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90829 030 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000130656			
1. Entity Name LA VIVA SHOES CORP.			
Principal Place of Business 8518 NW 72ND ST. MIAMI, FL 33166		Mailing Address 8518 NW 72ND ST. MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 2335 NW 107 AVE Suite, Apt. #, etc. Box 101 City & State MIAMI, FL Zip 33172 Country USA		3. Mailing Address 2335 NW 107 AVE Suite, Apt. #, etc. Box 101 City & State MIAMI, FL Zip 33172 Country USA	
02162007		Chg-P	CR2E034 (12/06)
4. FEI Number 20-5707359		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAI HO, KA 8518 NW 72ND ST. MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2335 NW 107 AVE, Box 101 City MIAMI, FL Zip Code 33172	
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:  Kai Hoi Ho		DATE: 4/26/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: STD <input type="checkbox"/> Delete	NAME: WAI HO, KA	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 2335 NW 107 AVE, Box 101
STREET ADDRESS: 8518 NW 72ND ST.	CITY-ST-ZIP: MIAMI, FL 33166	STREET ADDRESS: 2335 NW 107 AVE, Box 101	CITY-ST-ZIP: MIAMI, FL 33172
TITLE: PV <input type="checkbox"/> Delete	NAME: LAM, SIU FUNG	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 2335 NW 107 AVE, Box 101
STREET ADDRESS: 8518 NW 72ND ST.	CITY-ST-ZIP: MIAMI, FL 33166	STREET ADDRESS: 2335 NW 107 AVE, Box 101	CITY-ST-ZIP: MIAMI, FL 33172
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	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:  Kai Hoi Ho		DATE: 4/26/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Year	