


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90005 001 ***150.00

DOCUMENT # P06000130656

1. Entity Name
LA VIVA SHOES CORP.



Principal Place of Business Mailing Address

~~2335 NW 107 AVE~~ ~~2335 NW 107 AVE~~
~~BOX 101~~ ~~BOX 101~~
~~MIAMI, FL 33172~~ ~~MIAMI, FL 33172~~

40107130



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7210 NW 77 ST. **7210 NW 77 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A 2 **AZ**

02252008 Chg-P CR2E034 (12/06)

City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33166 **USA** **33166** **USA**

4. FEI Number Applied For

20-5707359 Not Applicable

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

6. Name and Address of Current Registered Agent

WAI HO, KA
2335 NW 107 AVE
BOX 101
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name **WAI HO, KA**

Street Address (P.O. Box Number is Not Acceptable)

7210 NW 77 ST.

City **MIAMI** State **FL** Zip Code **33166**

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 **5/10/08**

(NOTE: Registered Agent signature required when replacing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

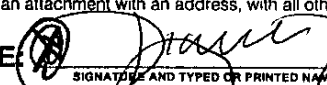
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
STD	WAI HO, KA	2335 NW 107 AVE, BOX 101 7210 NW 77 ST # A2	MIAMI, FL 33172 MIAMI, FL 33166	<input type="checkbox"/>
PV	LAM, SIU FUNG	2335 NW 107 AVE, BOX 101 7210 NW 77 ST # A2	MIAMI, FL 33172 MIAMI, FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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  DATE **5/10/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #