

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036382

Entity Name: VIVA CARE INC

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

8300 W. FLAGLER STREET
210
MIAMI, FL 33144 US

Current Mailing Address:

8300 W. FLAGLER STREET
210
MIAMI, FL 33144 US

New Principal Place of Business:

8260 WEST FLAGLER ST
2M
MIAMI, FL 33144 US

New Mailing Address:

8260 WEST FLAGLER ST
2M
MIAMI, FL 33144 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTILLA, GINA V
15472 SW 39 ST
KENDALL, FL 33144 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: P () Delete
Name: PORTILLA, GINA V
Address: 15472 SW 39 ST
City-St-Zip: MIAMI, FL 33144 US

Title: VP () Delete
Name: FRANQUIZ, MARCOS M
Address: 1523 PALERMO AVE
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MORENO, ROSA M
Address: 1523 PALERMO AVE
City-St-Zip: CORAL GABLES, FL 33134 US

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: GINA PORTILLA

PRES

01/18/2009

Electronic Signature of Signing Officer or Director

Date