2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ANNUAL REPORT					, May 03, 2005 08:00 AM	1	
DOCUMENT # P95000070699 1. Enlity Name VIVA FASHION, INC.					Secretary of State		
Principal Plac	e of Business	Mailing Address					
2705 N.W. 5TH AVENUE MIAMI, FL 33127		2705 N.W. 5TH AVENUE MIAMI, FL 33127					
2. Principal Place of Business		3. Mailing Address			\		
Suite, Apt #, etc		Suite, Apt. #. etc.			01112005 Chg-P CR2E034 (10/03)		
City & State		City & State			4. FEI Number Applied Fo 65-0610730 Not Applied		
Zip	Country Zip C		Cour	ntry	5. Certificate of Status Desired See Required		
	6. Name and Address of Curre	nt Registered Agent	1	1	7. Name and Address of New Registered Agent		
V. Name and Hourise of Santan Hegistered Agent				Name			
LEE, KYUNG I. 2705 NW 5TH AVE MIAMI, FL 33127				Street Address (P.O. Box Number is Not Acceptable)			
IVIIAIVII, FL	. 33127						
				City	FL Zip Code		
8. The above	named entity submits this statement	for the purpose of changing its	s register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acc	cept	
the obligations of registered agent.							
SIGNATURE Signature typed of girrior name of registered agent and tipe supplicable. (NOTE, Registered Agent signature required when reinstating) TATE							
						. 7 4- 7	
	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be led to Fees		
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
1171.6	PSD	☐ Delete	101:		Change Ad	ldition	
NAME STREET ADDRESS	LEE, KYUNG I 3790 SW 146 AVE		NAM Stre	ET ADURESS	U00000360575 05/05/05-80043-009 150.0	Ũ	
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NAME CTOCCT + DOOCGO			NAM CTOS	ſ			
STREET ADDRESS CUTY-ST-ZIP			4	ET ADDRESS -S1-ZIP			
	certify that the information supplied w	with this filing does not qualify fo			ection 119.07(3)(i), Florida Statutes. I further certify that the information	en	
Indicated of the co changed	t en this report or supplemental repor rporation or the receiver or trustee en , or on an attachment with an addres	t is true and accurate and that npowered to execute this report s, with all other like empowered	my signa t as requi	ture shall have the tired by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the informati same legal effect as if made under cath; that I am an officer or direc 7, Florida Statutes; and that my name appears in Block 10 or Block	ilif	