2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000013687

1. Entity Name
SENDA DE VIDA PUBLISHERS, CO.

Principal Place of Business	Mailing Address
4700 SW 74 AVE MIAMI, FL 33155	POST OFFICE BOX 559055 MIAMI, FL 33255

U00000373938
07/22/05-80001-018 158.75

DO NOT WRITE IN THIS SPACE

07192005 No Chg-P CR2E034 (10/03)

4. FEI Number
85-07279

Applied For
Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERON, MARCO
9945 SW 164 TERRACE
MIAMI, FL 33157

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CALDERON, MARCO
STREET ADDRESS	9945 SW 164 TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), 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: Marco Calderon 07-19-05 305-262-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #