

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P9700013687		
1. Entity Name SENDA DE VIDA PUBLISHERS, CO.		
Principal Place of Business 4700 SW 74 AVE MIAMI, FL 33155	Mailing Address POST OFFICE BOX 559055 MIAMI, FL 33255	

**DO NOT WRITE IN THIS SPACE**

07192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-07279	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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**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

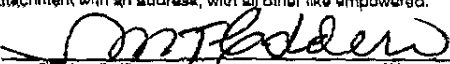
\$5.00 May Be
Added to Fee

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CALDERON, MARCO 9945 SW 164 TERRACE MIAMI, FL 33157
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-19-05 305-262-2627

Date

Cellphone Phone #