## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000032665

Entity Name: VIEIRA HOUSE CORP.

Name:

Address:

City-St-Zip:

VIEIRA, WILLIAM

3200 COLLINS AVENUE 11-4

MIAMI BEACH, FL 33140

FILED Apr 27, 2009 Secretary of State

Littly Nan	IC. VILIKATI	OUSE CORF.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3200 COLLINS AVENUE 114 MIAMI BEACH, FL 33140			11-4	3200 COLLINS AVENUE 114 11-4 MIAMI BEACH, FL 33140	
Current Ma	ailing Addres	ss:	New Mailing Addres	New Mailing Address:	
3200 COLLINS AVENUE 11-4 MIAMI BEACH, FL 33140			11-4	3200 COLLINS AVENUE 114 11-4 MIAMI BEACH, FL 33140	
FEI Number:	65-0815624	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
VIEIRA, ANTONIO 3200 COLLINS AVENUE 11-4 MIAMI BEACH, FL 33140 US			11-4	3200 COLLINS AVENUE 11-4	
The above in the State		submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:			04/27/2009	
Election Can		nic Signature of Registered Agents  g Trust Fund Contribution ( ).	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( VIEIRA, ANTON 3200 COLLINS MIAMI BEACH,	AVENUE 11-4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( VIEIRA, MICHE 3200 COLLINS MIAMI BEACH,	AVENUE 11-4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTONIO VIEIRA PD 04/27/2009