
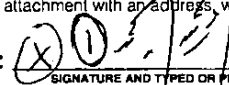


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90126 006 \*\*\*150.00

DOCUMENT # P98000035893			
1. Entity Name VIA RIO, INC.			
Principal Place of Business 8255 LAKE DR. F-303 MIAMI, FL 33166		Mailing Address 8255 LAKE DR. F-303 MIAMI, FL 33166	
2. Principal Place of Business 5713 NW 114 Ct. Suite, Apt. #, etc. 104 City & State Doral FL. Zip 33178 Country USA		3. Mailing Address 8150 NW 66th street Suite, Apt. #, etc. City & State Miami FL. Zip 33166 Country USA	
6. Name and Address of Current Registered Agent SEGOVIA, OVIDIO 8255 LAKE DR. F-303 MIAMI, FL 33166 5713 NW 114 Ct. suite 104 Doral FL. 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGOVIA, OVIDIO 8255 LAKE DR., #F-303 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5713 NW 114 Ct. # 104 Doral FL. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEGOVIA, NORA 10178 N.W. 41ST STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5713 NW 114 Ct. # 104 Doral FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  Ovidio Segovia, Pres		Date: 3-31-05 (786) 488-7411	

50034295



01202005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0866597 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required