


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000042248			
1. Entity Name ARVORE DA VIDA USA, CORP.			
Principal Place of Business 8416 S.W. 208 STREET MIAMI, FL 33189		Mailing Address 13935 NW 1ST AVE MIAMI, FL 33168	
DO NOT WRITE IN THIS SPACE			
		04262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0918454	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAS DA SILVA, EMERSON 8416 S.W. 208 STREET MIAMI, FL 33189		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAS DA SILVA, EMERSON 1445 MARTINIQUE CT. #6005 WESTON, FL 33326	<div>000000351055</div> <div>05/02/05-80129-022 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DE SOUZA DIAS, MIRIAN 1445 MARTINIQUE CT. #6005 WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIAS DE SILVA, ISABELLA 1445 MARTINIQUE CT. #6005 WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DIAS DE SILVA, JONATAS 1445 MARTINIQUE CT. #6005 WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: <u>Emerson Dias Da Silva</u>		4-26-05 305-6889694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	