

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000042248 1. Entity Name ARVORE DA VIDA USA, CORP.	
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Principal Place of Business 8416 S.W. 208 STREET MIAMI, FL 33189	Mailing Address 13935 NW 1ST AVE MIAMI, FL 33168
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DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0918454	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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
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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

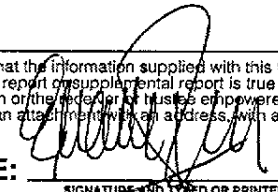
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAS DA SILVA, EMERSON 1445 MARTINIQUE CT. #6005 WESTON, FL 33326
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	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered agent 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:  Dias Da Silva Emerson/Res 2/23/06 3057691911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #