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.

Principal Place of Business	Mailing Address
8416 S.W. 208 STREET MIAMI, FL 33189	13935 NW 1ST AVE MIAMI, FL 33168

02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0918454
☐ Applied For
☐ Not Applicable

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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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	PD
NAME	DIAS DA SILVA, EMERSON
STREET ADDRESS	1445 MARTINIQUE CT. #6005
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VD
NAME	DE SOUZA DIAS, MIRIAN
STREET ADDRESS	1445 MARTINIQUE CT. #6005
CITY-ST-ZIP	WESTON, FL 33326
TITLE	SD
NAME	DIAS DE SILVA, ISABELLA
STREET ADDRESS	1445 MARTINIQUE CT. #6005
CITY-ST-ZIP	WESTON, FL 33326
TITLE	TD
NAME	DIAS DE SILVA, JONATAS
STREET ADDRESS	1445 MARTINIQUE CT. #6005
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ Diaz Da Silva Emerson/Pres 2/23/06 3057691911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #