

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000072277**

1. Entity Name

VIANA INVESTMENTS CORPORATION



Principal Place of Business

1840 W. 49 ST.  
SUITE 100  
HIALEAH, FL 33012

Mailing Address

P.O. BOX 42  
HALLANDALE, FL 33008



05112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0945899

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

CASTILLO, ALBA N  
1840 W. 49 ST., #100  
HIALEAH, FL 33012

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
P  
CASTILLO, ALBA N  
9521 SUNRISE BLVD #101  
SUNRISE, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CASTILLO, ALBA  
9521 SUNRISE BLVD #101  
SUNRISE, FL 33322

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SUNRISE, FL 33322

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/19/04-80002-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #