2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S27564  1. Entity Name LEVIDA CORP.							Feb 09, 2004_08:00 AM Secretary of State		
LEVIDA C	ONF.								
Principal Place of Business 344 W 65 ST HIALEAH FL 33012			344 V	Mailing Address 344 W 65 ST HIALEAH FL 33012					
2. Principal Place of Business			3. Mail	3. Mailing Address			*		
Suite, Apt. #, etc.			Suite	Suite. Apt. #, etc.			<b>-</b>	MOORE CR2E034 (11/03)	
City & State			City	City & State			4. [	FEI Number 65-0248883 Applied For Not Applicable	
Zip		Country	Zıp		Coun	try	5. (	Certificate of Status Desired See Required Fee Required	
	6. Name	and Address of Curre	ent Registere	d Agent		Name	7. 1	Name and Address of New Registered Agent	
HERNANDEZ, DANIEL						Street Address (P.O. Box Number is Not Acceptable)			
	W 65 ST LEAH FL				alless Address	(F.O. E	SOA MUITO SE NOT ACCEPTABLES		
						City		FL Zip Code	
8. The above	named entit	y submits this statemen	nt for the purp	ose of changing its	register	ed office or registe	red ag	pent, 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 a	gent and title if app	ohcable (NO)	E. Rogistere	id Agent signature require	d when n	oinstating) DATE	
Afte	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550.0 o Florida Departmen						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	( t ajobic t	OFFICERS A		) DRS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TRILE	PST	77 F AND F		☐ Delete	HTE.			☐ Change ☐ Addition	
NAME STREET ADDRESS	344 W 65	EZ, DANIEL ST			STR	eet address		U00000042303	
CRY ST-ZIP	HIALEAH D	FL		☐ Delete	CITA	· ST - ZIP		02/10/04-80018-017 150.00	
NAME	3	EZ, DANIEL		- Delete	NAA	ĕΕ			
STREET ADDRESS CITY-ST-ZIP	344 W 65 HIALEAH					EET ADORESS (-ST-ZIP			
ПТЕ		1.4/4		☐ Delete	3117			☐ Change ☐ Addition	
NAME STREET ADDRESS					nar Str	ret address			
CITY-ST-ZIP						/-ST-ZIP			
TITLE				Delete	titi Nat	1		☐ Change ☐ Addition	
STREET ADDRESC						EET ADDRESS Y-ST-ZIP			
CRY-ST-ZIP				□ Delete	Im			☐ Change ☐ Addition	
NAME					NAM CTO	ME EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP			
TITLE			•	☐ Delete	TITE NAM	,		Change Addition	
NAME STREET ADDRESS					STR	EET ADORESS			
CITY-ST-ZIP	cartifu that th	ne information europad	with this filing	does not avalify f		Y-ST-ZIP emotion stated in S	ection	119.07(3VI). Florida Statutes, i further certify that the information	
indicated of the co-	d on this report orporation or it d, or on an att	ort or supplemental reports or	ort is true and empowered to iss, with all of	accurate and that execute this report her like empowere	my signa rt as requ d.	ature shall have the ired by Chapter 60	same 07, Floi	119.07(3)(f), Florida Statutes, I further certify that the information e legal effect as if made under oath; that I am an officer or director rida Statutes, and that my name appears in Block 10 or Block 11 if	
SIGNATURE: DANIEL HELMANDER, FRESIDENT								2/2/04 305.558-3551	
,	_ ~-> 6 None > _			ME OF SIGNING OFFICE				Date Daytime Phone #	

**FILED**