2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 17, 2006 08:00 AM Secretary of State

DOCUMENT # S27564 1. Entity Name LEVIDA CORP.				Secretary of State					
Principal Place of Business Mailing Address)				
344 W 65 ST HIALEAH, FL		344 W 65 51 HIALEAH, FL 33012	344 W 65 ST HIALEAH, FL 33012						
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Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc.			02202006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Numb 65-024				plied For t Applicable
Zîp	Country	Zīp Cauri		try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HERNAND	EZ VICTOR	Name							
HERNANDEZ, VICTOR 344 W 65 ST HIALEAH, FL 33012				Street Address (P.O. Box Number is Not Acceptable)					
7,7,12,7,12			!	0.				Zip Code	
·				City		<u></u>	FL	·	
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 OZ - Z 3 - D C NOTE Resistand from storage and with 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, type-discribing same of registered agent and site 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.					.00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFI	CERS AND		
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12 I hereby	sertify that the information survolled with	this filing does not quality to	t the exe	emptions contained	in Chapter 115	3. Florida Statutes I	further cert	ify that the in	formation
12. Thereby certify that the information supplied with this filing does not quality 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 calls, 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 ag address, with alfother like empowered.									