


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90035 010 \*\*\*\*61.25

DOCUMENT # 761003					
1. Entity Name VICTORY GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 650 NE 149 ST MIAMI FL 33161-2279		Mailing Address 650 NE 149 ST MIAMI FL 33161-2279			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2383837	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> MOORE CR2E037 (11/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUIZ, MARIA 3095 NW 95TH ST. MIAMI FL 33147			Name <u>Apolinar Suriel</u> Street Address (P.O. Box Number is Not Acceptable) <u>650 NE 149 St Apt. 506F</u> <u>N. Miami FL</u> City <u>FL</u> Zip Code <u>33161</u>		
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 <u>[Signature]</u>		<u>Apolinar Suriel president</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		<u>1/22/04</u> DATE	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEMELCOVITCH, MARIA		NAME	Altagracia Peña	
STREET ADDRESS	650 NE. 149 ST. 302A		STREET ADDRESS	650 NE 149 St Apt. 505F	
CITY-ST-ZIP	NORTH MIAMI FL 33161		CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	S President	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APOLINAR, SURIEL		NAME	Rafael De Jesus	
STREET ADDRESS	650 NE 149TH ST., 506 F		STREET ADDRESS	650 NE 149 ST. #304 A	
CITY-ST-ZIP	N. MIAMI FL 33161		CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEMELCOVITCH, MARIA		NAME	Urrutia Flores	
STREET ADDRESS	650 NE 149TH ST 302A		STREET ADDRESS	650 NE 149 ST. APT. 109A	
CITY-ST-ZIP	N. MIAMI FL 33161		CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANO, OTTO		NAME		
STREET ADDRESS	650 N.E. 149TH ST. 402A		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL 33161 OK		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ISIDRO OK		NAME		
STREET ADDRESS	650 NE 149TH ST 506A		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, ROSELIO OK		NAME		
STREET ADDRESS	650 NE 149TH ST, #505A		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u>Apolinar Suriel</u>			<u>1/22/04</u> Date Daytime Phone # <u>(305) 944-9968</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					