

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004248

FILED
Jan 02, 2008
Secretary of State

Entity Name: MATRIMONIOS EN VICTORIA INC.

Current Principal Place of Business:

439 CALIGULA AVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

439 CALIGULA AVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0858658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIMAN, JOHN B
439 CALIGULA AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIMAN, JOHN B
Address: 439 CALIGULA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: HARRIMAN, BEATRIZ M
Address: 439 CALIGULA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: MACIAS, BERNABE
Address: 37930 SW 67 TERR
City-St-Zip: MIAMI, FL 33143

Title: D (X) Delete
Name: SUA0, ADRIANA
Address: 1401 LUGO AVE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUA0, ADRIANA
Address: 1401 LUGO AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B HARRIMAN

PRES

01/02/2008

Electronic Signature of Signing Officer or Director

Date