


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P00000012780 1. Entity Name LA VICTORIA DISTRIBUTOR INC.	
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Principal Place of Business 1511 S.W 37 AVE MIAMI, FL 33145	Mailing Address 3340 SW 24 ST MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0996397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARRIAZA, GILBERTO
 1511 S.W 37 AVE
 MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	TD PERIS, MARIA 1511 SW 37 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIAZA, GILBERTO 1511 SW 37 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARRIAZA, GILBERTO J 1511 SW 37 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARRIAZA, AIDA 1511 SW 37 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/17/07-80021-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: *Maria V. Peris* MARIA V. PERIS SEC 4/3/07 3056373600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #