


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000113718**  
 1. Entity Name  
 VICTORIA WORLD WIDE BUSINESS CONNECTIONS, INC.



Principal Place of Business 15050 N.W. 79 CT 104 MIAMI LAKES, FL 33016	Mailing Address 15050 N.W. 79 CT 104 MIAMI LAKES, FL 33016
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**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3850390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LIPSON, SAUL B CPA  
 1515 UNIVERSITY DRIVE  
 SUITE 222  
 CORAL SPRINGS, FL 33071

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000326593  
 04/25/05-80003-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OSPINA, ELSA V 15050 N.W. 79 CT SUITE 104 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S OSPINA, SARA I 15050 N.W. 79 CT SUITE 104 MIAMI LAKES, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Victoria Lipson 4/21/05 305-231-1775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #