## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000113718

Entity Name: VICTORIA WORLD WIDE BUSINESS CONNECTIONS, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

15050 N.W. 79 CT 11900 BISCAYNE BLVD

MIAMI LAKES, FL 33016 NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

15050 N.W. 79 CT 11900 BISCAYNE BLVD 104 301 MIAMI LAKES, FL 33016 NORTH MIAMI, FL 33181

FEI Number: 22-3850390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIPSON, SAUL B CPA 1515 UNIVERSITY DRIVE SUITE 222 CORAL SPRINGS, FL 33071 US

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:

Title:

=: \_\_\_\_\_\_

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 OSPINA, ELSA V
 Name:
 OSPINA, ELSA V

 Address:
 15050 N.W. 79 CT SUITE 104
 Address:
 11900 BISCAYNE BLVD SUITE 301

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: NORTH MIAMI, FL 33181

Title: VP,S ( ) Delete Title: VP,S (X) Change ( ) Addition

Name: OSPINA, SARA I Name: OSPINA, SARA I

 Address:
 15050 N.W. 79 CT SUITE 104
 Address:
 11900 BISCAYNE BLVD SUITE 301

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 NORTH MIAMI, FL 33181

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA OSPINA VP.S 01/09/2008