


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 015 ***150.00

DOCUMENT # P05000090161

1. Entity Name
VICKORO MANAGEMENT, INC



Principal Place of Business Mailing Address


13935 NW 1ST AVE **13935 NW 1ST AVE**
MIAMI, FL 33168 US **MIAMI, FL 33168 US**

2. Principal Place of Business 3. Mailing Address

3047 GRANT STREET **3047 GRANT STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Hollywood - FL **Hollywood - FLORIDA**
 Zip Country Zip Country
33021 **U.S.** **33021** **U.S.**



02212006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-3043956 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

PB&A FINANCIAL SERVICES CORP
13935 NW 1ST AVE
MIAMI, FL 33168

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OROPEZA, VICTORIA 13935 NW 1ST AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OROPESA, NEYCEL 13935 NW 1ST AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Victoria Oropeza* **Oropeza Victoria** / Pres **2/22/06** **3057691911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #