

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046381

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** VICTORY ENTERPRISE, INC.

**Current Principal Place of Business:**

801 BRICKELL AVENUE, SUITE 1580  
MIAMI, FL 33131

**New Principal Place of Business:**

1110 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 33131

**Current Mailing Address:**

801 BRICKELL AVENUE, SUITE 1580  
MIAMI, FL 33131

**New Mailing Address:**

1110 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 33131

**FEI Number:** 65-0420771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NS CORPORATE SERVICES INC.  
801 BRICKELL AVENUE, SUITE 1580  
MIAMI, FL 33131 US

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

NS CORPORATE SERVICES INC.  
1110 BRICKELL AVENUE, SUITE 310  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/25/2006

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DESOUZA, CARLOS P  
Address: 9 ISLAND AVE UNIT 2303  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: PEREIRA, ELZA MARIA L  
Address: 9 ISLAND AVE UNIT 2303  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS DE SOUZA

Electronic Signature of Signing Officer or Director

D

04/25/2006

Date