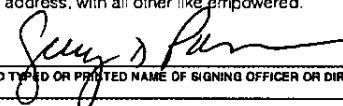


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90341 026 ***150.00

DOCUMENT # P97000060682 1. Entity Name VICTORY DEVELOPMENT, INC.					
Principal Place of Business 18851 NE 29TH AVE., 7TH AVE. AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVE 7TH FLOOR AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc. 7th FLOOR		3. Mailing Address Suite, Apt. #, etc.		20048775 	
City & State		City & State		4. FEI Number 65-0769375	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POSNER, GARY D 18851 NE 29TH AVE., 7TH AVE. AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7th FLOOR 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 _____ (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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POSNER, MATTHEW 18851 NE 29TH AVE., 7TH AVE. AVENTURA, FL 33180 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18851 NE 29th AVE, 7th FLOOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POSNER, RONALD 18851 NE 29TH AVE., 7TH AVE. AVENTURA, FL 33180 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18851 NE 29th AVE, 7th FLOOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POSNER, GARY D 18851 NE 29TH AVE., 7TH AVE. AVENTURA, FL 33180 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18851 NE 29th AVE, 7th FLOOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			4/21/05 786-787-7705 Date Daytime Phone #		