

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000051322

**Entity Name:** VICTORIA'S ARMOIRE, INC.

**Current Principal Place of Business:**

4077 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4077 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**FEI Number:** 65-0392219

**Certificate of Status Desired:** No

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

FUENTES, EDUARDO S  
4077 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 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

Date

**Officer/Director Detail :**

Title D  
Name FUENTES, EDUARDO S  
Address 4077 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name FUENTES, ANNA E  
Address 4077 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANNA FUENTES

V.P.

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date