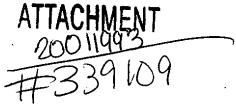
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # 339109** 1. Entity Name 03-01-2006 90035 032 ***150.00 REPAIRS BY VICTOR INC Principal Place of Business Mailing Address MIAMI FL 39142 801 NES 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1287445 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VICTOR, ELIAS Street Address (P.O. Box Number is Not Acceptable) **801 NE 81 STREET MIAMI FL 33138** 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. (NOTE: Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME VICTOR, ELIAS NAME STREET ADDRESS 801 NE 81 ST. STREET ADDRESS . CITY-ST-ZIP CITY-ST-7/P MIAMI FL ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13.3 CITY-ST-ZIP CITY-ST-ZIP 🔲 Changè 🧺 🔲 Addition ☐ Delete TITLE TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

FILED

Daytime Phone #



2/15/2006 DEAN SIN: SOLD 1254 NW. 29 ST. MIDMI FL. 33142-THIS IS MAY NEW FOORESS 801 N.E. 81 ST, MIAMI FZ. 33138 ALL MAIL MUST BE SEXD HERE. WITHOUT ANYTHING FUR-THEN. Ghos Victor.

Mead