

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90036 016 \*\*\*\*70 00

<b>DOCUMENT # 729648</b>				<b>Secretary of State</b> 01-20-2006 90036 016 ****70.00	
1. Entity Name <b>VICTORY VILLAS, INC.</b>		Principal Place of Business <b>851 W DANIA BCH BLVD P.O. BOX 1025 DANIA, FL 33004</b>		Mailing Address <b>851 W DANIA BCH BLVD P.O. BOX 1025 DANIA, FL 33004</b>	
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1551568</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent <b>MATTES, FRED 851 WEST DANIA BEACH BLVD. DANIA BEACH, FL 33004</b>	
7. Name and Address of New Registered Agent		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, RONALD		NAME		
STREET ADDRESS	9701 N NEW RIVER CANAL		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLANSBERG, MARK		NAME		
STREET ADDRESS	4421 N. 41ST COURT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, GLORIA		NAME		
STREET ADDRESS	9701 N NEW RIVER CANAL		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAYSON, MARY LOU		NAME	SCHWARTZ, STEPHEN	
STREET ADDRESS	2100 S. OCEAN LANE #811		STREET ADDRESS	1700 NW 240 AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP	BOCA RATON, FL 33342	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAYSON, BILL		NAME	SCHWARTZ, GEORGE	
STREET ADDRESS	2100 SOUTH OCEAN LANE #811		STREET ADDRESS	8 SE 13TH TERRACE UNIT B	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP	DANIA BEACH FL 33006	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTES, FRED		NAME		
STREET ADDRESS	3441 WATER OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
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 617, 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:  FRED MATTES THORS 1/10/06 954 921 8225					