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Jun 18, 2004 8:00 am
Secretary of State

05-03-2004 90124 008 ****50.00

5/3/2C 5/3

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035376

1. Entity Name
VIKTORIA, LLC

Principal Place of Business	Mailing Address
633 3RD ST N. #4 ST. PETERSBURG, FL 33701	633 3RD ST N. #4 ST. PETERSBURG, FL 33701

04272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
11400 4th St. N.	11400 4th St. N.
Suite, Apt. #, etc. 612	Suite, Apt. #, etc. 612
City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33716 Country U.S.	Zip 33716 Country U.S.

4. FEI Number 54-2126552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SZABO, ZSOLT 633 3RD ST N. #4 ST. PETERSBURG, FL 33701	Name: Szabo, Zsolt Street Address (P.O. Box Number Is Not Acceptable): 11400 4th St. N. #612 City: ST. PETERSBURG FL Zip Code 33716

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: Szabo Zsolt — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 04-28-04

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SZABO, ZSOLT 633 3RD ST N. #4 ST. PETERSBURG, FL 33701 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SZABO, ZSOLT 11400 4th St. N. #612 ST. PETERSBURG FL 33716 ☒ 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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Szabo Zsolt ZSOLT SZABO 04-28-04 727-576-4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #