




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90021 021 ***138.75

DOCUMENT # L05000104270 1. Entity Name VICTOR HOLDINGS, LLC					
Principal Place of Business 1851 NW 125TH AVE. STE. 355 PEMBROKE PINES, FL 33028			Mailing Address ATTN: PATRICIA M. NORIEGA 1243 MANOR DRIVE SO. WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 1806 N. FLAMINGO RD.			3. Mailing Address 		
Suite, Apt. #, etc. Sk. 280			Suite, Apt. #, etc. 		
City & State PEMBROKE PINES - FL			City & State 		
Zip 33028		Country USA		Zip 	
Country 		Country 		4. FEI Number 55-0908627	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NORIEGA, PATRICIA M 1851 NW 125TH AVE STE. 355 PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name NORIEGA, PATRICIA M. Street Address (P.O. Box Number is Not Acceptable) 1806 N. FLAMINGO RD. Sk. 280 City PEMBROKE PINES - FL	
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.				Zip Code 33028	
SIGNATURE 				DATE 4-28-08	
FILE NOW! FEE IS \$138.75 After May 1, 2008, Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORIEGA, PATRICIA M 1243 MANOR DRIVE SO. WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELLO, WENDY 1900 LAKESHORE DRIVE WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: 				DATE 4-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 954-620-0080 305-333-5552	