FILED
Apr 29, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M44547

1. Entity Name
VICTOR'S PURCHASING AGENTS IMPORT & EXPORT, INC

Principal Place of Business	Mailing Address
8265 NW 93 STREET MEDLEY, FL 33166	8265 NW 93 STREET MEDLEY, FL 33166

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business — 3. Mailing Address

Street Address — Street Address

City & State — City & State

Zip — County — Zip — County

4. FEI Number
59-2755590

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDIVIA, VICTOR
8315 NW 175TH TERRACE
MIAMI LAKES, FL 33016

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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD VALDIVIA, VICTOR 8315 NW 175TH TERRACE MIAMI LAKES, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add/Del U00000141248 04/30/04-80004-002 150.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD VALDIVIA, ISABEL 8315 NW 175TH TERRACE MIAMI LAKES, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add/Del
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD VALDIVIA, ELIZABETH 8315 NW 157TH TERRACE MIAMI LAKES, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add/Del
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD VALDIVIA, VICTOR, F 8315 NW 157TH TERRACE MIAMI LAKES, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add/Del
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12. 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 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 with an address, if applicable, sufficient for mailing purposes.

SIGNATURE: Victor Valdivia Vice President 4/27/04 (305-883-2026)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #