

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M44547

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



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

Mailing Address
**8265 NW 93 STREET
MEDLEY, FL 33166**



2. Principal Place of Business - Not P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FBI Number

59-2755590

Applied for

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity authenticates 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 change of registered agent.

Signature

Signature of officer or director (must be legible)

(NOTE: Registered Agent signature required when appointing)

Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

☐ Election Campaign Financing
Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

0000000222474
02/19/08-80068-022 150.00

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 ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
VALDIVIA, ELIZABETH
8315 NW 175TH TERRACE
MIAMI LAKES, FL 33016**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in 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, as an attachment with enclosures, with all other documents required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date