2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# M44547

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

Current Principal Place of Business:

8265 NW 93 STREET
MEDLEY, FL 33166

New Principal Place of Business:

Current Mailing Address:

8265 NW 93 STREET
MEDLEY, FL 33166

New Mailing Address:

FEI Number: 59-2755590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: VALDIVIA, VICTOR,
Address: 8315 NW 175TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD ( ) Delete
Name: VALDIVIA, ISABEL,
Address: 8315 NW 175TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: STD ( ) Delete
Name: VALDIVIA, ELIZABETH
Address: 8315 NW 157TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD ( ) Delete
Name: VALDIVIA. VICTOR, F.
Address: 8315 NW 157TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL VALDIVIA VD 03/16/2009

Electronic Signature of Signing Officer or Director Date