


2006 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N02000000503 1. Entity Name GENERACION VICTORIOSA, INC.						FILED 06 JAN 17 AM 11:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12250 JOHN YOUNG PKWY. ORLANDO, FL 32837				Mailing Address PO BOX 770367 ORLANDO, FL 32877-0367			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FONT, OMAIRA 12250 JOHN YOUNG PKWY. ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FONT, RODOLFO O 12428 HOLLY JANE CT. ORLANDO, FL 32824	<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	DV FONT, RODOLFO PO BOX 3986, VALLE ARriba HEIGHTS CAROLINA, PR 00984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400065094894 02/02/06--01035--014 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUTIERREZ, LILLIAN 3113 CRYSTAL CREEK BLVD. ORLANDO, FL 32837	<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	D DIAZ, ERIC 919 GIRARD DR. ORLANDO, FL 32824	<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	D HERNANDEZ, LINETTE 541 WECHSLER CIR. ORLANDO, FL 32824	<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	B 1/19/06	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/10/06 Date			
787-625-2187 Daytime Phone #							