


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90041 031 ****61.25

DOCUMENT # N02000000503 1. Entity Name GENERACION VICTORIOSA, INC.					
Principal Place of Business 12250 JOHN YOUNG PKWY. ORLANDO, FL 32837			Mailing Address P.O. BOX 770367 ORLANDO, FL 32877-0367		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 42-1531965				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONT, Omayra 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FONT, RODOLFO O. URB. MONTEHIEDRA PITIRRE 157 SAN JUAN, PR 00926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FONT, RODOLFO P.O. BOX 3986, VALLE ARriba HEIGHTS CAROLINA, PR, 00984 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FONT Omayra 12250 JOHN YOUNG PARKWAY ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUTIERREZ, LILLIAN 3113 CRYSTAL CREEK BLVD. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FONT, MIREILY PAISAJES DEL ESCONAL APT I-20 CAROLINA, PR 00987	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LINETTE 541 WECHSLER CIRCLE ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REYES, ZENaida VILLA FONTANTA 3N57 V. LDURAKS CAROLINA, PR 00983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ERIC 919 GIRARD DRIVE ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GUTIENEZ, BRENDA M. CALLE 446 ND-16 COUNTRY CLUB CAROLINA, PR 00987	
12. 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 or supplemental reports 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 an address with all other like empowered.					
SIGNATURE: _____ <i>August 27, 2007</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					