

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001162

FILED  
Aug 08, 2007  
Secretary of State

**Entity Name:** CENTRO DE LA FAMILIA VICTORIOSA, INC.

**Current Principal Place of Business:**

19050 US HWY. 44TH NORTH  
ORANGE LAKE, FL 32861

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 678357  
ORLANDO, FL 328678357

**New Mailing Address:**

**FEI Number:** 20-0696845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VILLATORO, OSCAR A  
1133 HACKBERRY DR.  
ORLANDO, FL 32825      US

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: VILLATORO, OSCAR A  
Address: 1133 HACKBERRY DR.  
City-St-Zip: ORLANDO, FL 32825

Title: TD      ( ) Delete  
Name: VILLATORO, GRACE E  
Address: 1133 HACKBERRY DR.  
City-St-Zip: ORLANDO, FL 32825

Title: SD      ( ) Delete  
Name: TORRES, SALVADOR  
Address: 18071 NW 88TH AVE.  
City-St-Zip: REDDICK, FL 32686

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR A VILLATORO

PD

08/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date