2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 14, 2005 8:00 am Secretary of State DOCUMENT # N95000005781 1. Entity Name 02-14-2005 90057 010 ****61.25 PABELLON DE LA VICTORIA DE ORLANDO, INC. Principal Place of Business Mailing Address 12355 S JOHN YOUNG PKWY ORLANDO FL 32837 12355 S JOHN YOUNG PKWY ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3357046 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, RUBEN Street Address (P.O. Box Number is Not Acceptable) **502 LONG MEADOW STREET CELEBRATION FL 34747** City Zlp 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to Due By May 1, 2005 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete ☐ Change ☐ Addition PEREZ, RUBEN NAME NAME 502 LONG MEADOW ST STREET ADDRESS STREET ADDRESS **CELEBRATION FL 34747** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PEREZ, ASTRID NAME NAME **502 LONG MEADOW ST** STREET ADDRESS STREET ADDRESS **CELEBRATION FL 34747** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CAMACHO, EVELINDA NAME MAME 12741 GETTYSBURG CR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP VOC BILLE TITLE ☐ Change ☐ Addition PEREZ, EBENEZER NAME NAME 13304 GLACIER NATIONAL DR. #5101 STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ALMARANTE, MILAGROS NAME NAME 2735 BAY LEAF DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITEF ☐ Channe ■ Addition ENCARNCION, RONALD NAME NAME 14932 DAYLILY CT. STREET ADDRESS STREET ADDRESS ORLANDO FL 32824 CITY-ST-7IP CITY-ST-ZIP 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

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