2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021003

Entity Name: VICTORIA TRADING INTERNATIONAL, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5560 NE 2 MIAMI, FL							
Current Mailing Address:				New Mailing Address:			
20030 NE 21ST AVE NORTH MIAMI BEACH, FL 33179				11631 NW 7 AVE C MIAMI, FL 33168			
FEI Number:	: 65-1121528	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certific	ate of Status Desired (X)
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of	New Reg	gistered Agent:
FRANCOIS, EBERLE 20030 NE 21ST AVE NORTH MIAMI BEACH, FL 33179 US				PETERS, JOSUAH C 11631 NW 7 AVE C MIAMI, FL 33168 US			
	named entity sul e of Florida.	omits this statement for the pu	rpose of	changing it	s registered	l office or i	registered agent, or both,
SIGNATUR	RE: JOSUAH C	PETERS				(04/30/2005
	Electronic	Signature of Registered Agen	nt				Date
Election Car	npaign Financing T	rust Fund Contribution (X).					
OFFICERS	S AND DIRECTO	DRS:		ADDITION	S/CHANGE	S TO OF	FICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () D FRANCOIS, EBEF 5560 NE 2ND AVE	elete RLE :		Title: Name: Address: City-St-Zip:		(X) Change STEBAN AVE - STE.	() Addition
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	VD FRANCOIS, I 5560 NE 2 A' MIAMI, FL 3	EBERLE VE	(X) Addition
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	SD MORISMA, D 11631 NW 7 MIAMI, FL 3	ANIEL AVE	(X) Addition
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	MD ANTOINE, YO 1305 NW 203 MIAMI, FL 33	DLETTE 3 STR	(X) Addition
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	T FRANCOIS, I 420 NW 111 MIAMI, FL 3	ROBLIN STREET	(X) Addition
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	MD GEORGES, A 490 NW 131 MIAMI, FL 3	ANGELO STR	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YOLETTE ANTOINE MD 04/30/2005