

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000032486

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** VICTORIA'S PLANT DESIGNS, INC.

**Current Principal Place of Business:**

10620 SW 184 TERR  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 144585  
CORAL GABLES, FL 331144585

**New Mailing Address:**

**FEI Number:** 65-0992408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MENDIZABAL, VICTORIA  
4190 FILER COVE RD  
SUMMERLAND KEY, FL 33042 US

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

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: P  
Name: MENDIZABAL, VICTORIA  
Address: 4190 FILER COVE RD  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: VP  
Name: MENDIZABAL, CHRISTOPHER  
Address: 4190 FILER COVE RD.  
City-St-Zip: SUMMERLAND KEY, FL 33042

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA MENDIZABAL

PRES

02/25/2011

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

\_\_\_\_\_  
Date