


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90022 003 ***150.00

DOCUMENT # P00000078672 1. Entity Name VICTORIA'S INVESTMENTS, INC.					
Principal Place of Business 175 FOUNTAINBLEAU BLVD. SUITE 1A1 MIAMI, FL 33172 US			Mailing Address 175 FOUNTAINBLEAU BLVD. SUITE 1A1 MIAMI, FL 33172 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VAZQUEZ, DAVID 175 FOUNTAINBLEAU BLVD. MIAMI, FL 33172				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAZQUEZ, DAVID		NAME		
STREET ADDRESS	175 FOUNTAINBLEAU BLVD, SUITE /A1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAZQUEZ, MAGALYS		NAME		
STREET ADDRESS	175 FOUNTAINBLEAU BLVD, SUITE /A1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAZQUEZ, DAVID JR.		NAME	VAZQUEZ, DAVID JR.	
STREET ADDRESS	11215 NW 2 TERR.		STREET ADDRESS	175 FOUNTAINBLEAU BLVD STE 1A1	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI FL 33172.	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAZQUEZ, VICTORIA		NAME	VAZQUEZ, VICTORIA	
STREET ADDRESS	11215 NW 2 TERR.		STREET ADDRESS	175 FOUNTAINBLEAU BLVD STE 1A1	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI FL 33172.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 607, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/5/2004 <small>Date</small>		
			<small>Daytime Phone #</small>		