


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000101232 1. Entity Name VICTORY VOTE GENERATORS, CORP.	
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Principal Place of Business 8450 SW 83 ST. MIAMI, FL 33143	Mailing Address 8450 SW 83 ST. MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1054564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A 782 NW 42 AVE. STE. 638 MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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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: _____

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	1000000150956 05/04/04-80026-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, MERCEDES E 8450 SW 83 ST. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONCALVES DA SILVA, ORLANDO 8450 SW 83 ST. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICENTINI, ALFREDO B 8216 SW 81 TERR. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, OSCAR 8216 SW 81 TERR. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAJADE, BEATRIZ 8483 SW 83 ST. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 fee empowered.

SIGNATURE:  **14/30/04** **305-595-5951**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #