

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000103256

Entity Name: VICTORIA USA, CORP.

FILED
Aug 14, 2008
Secretary of State

Current Principal Place of Business:

318 INDIAN TRACE #547
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD #240
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1056538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO.
2121 PONCE DE LEON BLVD
240
CORAL GABLES, FL 33134 US

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: ANA B. FERNANDEZ

08/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIGALA, NORMA
Address: 318 INDIAN TRACE #547
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: SIGALA, HONORIO
Address: 318 INDIAN TRACE #547
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: VENTURA, EURIDICE
Address: 318 INDIAN TRACE #547
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NORMA SIGALA

P

08/14/2008

Electronic Signature of Signing Officer or Director

Date