

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90310 042 ***158.75

DOCUMENT # P01000004048

1. Entity Name
VICTORIA MARI GROUP, INC.



Principal Place of Business Mailing Address

1985 SOUTH OCEAN DRIVE **1985 SOUTH OCEAN DRIVE**
STE 2-F **STE 2-F**
HALLANDALE, FL 33009 **HALLANDALE, FL 33009**

40047559



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

P.O. Box 083117

03212006 Chg-P CR2E034 (11/05)

City & State City & State

Hallandale, FL

4. FEI Number Applied For

65-1066712 Not Applicable

Zip Country Zip Country

33008 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

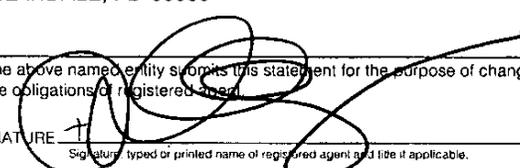
6.-Name and Address of Current Registered Agent

ESPIN-SANCHEZ, MARI V
1985 SOUTH OCEAN DRIVE
STE 2-F
HALLANDALE, FL 33009

7.-Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity supports 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  _____ DATE **4/10/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

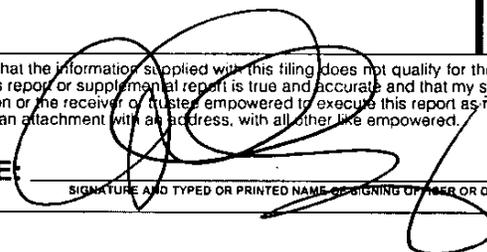
10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ESPIN-SANCHEZ, MARI V 1985 SOUTH OCEAN DRIVE STE 2F HALLANDALE, FL 33009 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  _____ DATE **4/10/06** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR