


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90152 042 \*\*\*150.00

<b>DOCUMENT # P01000085531</b>					
<b>1. Entity Name</b> VICTORIO'S FINISHES, INC.					
<b>Principal Place of Business</b> 12022 WASHINGTON ST BLDG 75 PEMBROKE PINES, FL 33025			<b>Mailing Address</b> 12022 WASHINGTON ST BLDG 75 PEMBROKE PINES, FL 33025		
<b>2. Principal Place of Business</b> 1453 MAJESTY TERR.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> WESTON FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1140231	
<b>Zip</b> 33327		<b>Country</b> BROWARD		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ACEVEDO, MARTHA L 12022 WASHINGTON ST PEMBROKE PINES, FL 33025				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1453 MAJESTY TERR City WESTON FL Zip Code 33327	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> BONILLA, VICTOR M 13420 N.W. 4TH ST. PEMBROKE PINES, FL 33028		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	1453 MAJESTY TERR WESTON FL 33327	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> ACEVEDO, MARTHA L 13420 N.W. 4TH ST. PEMBROKE PINES, FL 33028		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	1453 MAJESTY TERR WESTON FL 33327	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ST</b> RESTREPO, RAVI E 1776 POLK ST APT 11-3 HOLLYWOOD, FL 33020		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	RESTREPO, RAUL 1171 S.W. 123 AVE PEMBROKE PINES, FL 33025	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Delete	
<b>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 officers empowered.</b>					
<b>SIGNATURE:</b> _____			Pm. 3/5/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		