
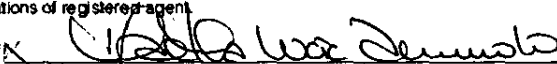
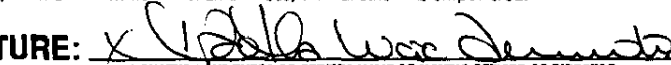


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 047 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000085531					
1. Entity Name VICTORIO'S FINISHES, INC.					
Principal Place of Business 13420 N.W. 4TH ST. #104 PEMBROKE PINES, FL 33028		Mailing Address 13420 N.W. 4TH ST. #102 PEMBROKE PINES, FL 33028			
2. Principal Place of Business 12022 Washington St. Suite, Apt. #, etc. Bldg. 75 City & State Pembroke Pines, FL. Zip 33025 Country USA		3. Mailing Address 12022 Washington St. Suite, Apt. #, etc. Bldg. 75 City & State Pembroke Pines, FL. Zip 33025 Country USA			
		4. FEI Number 65-1140231		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 ACEVEDO, MARTHA L 13420 N.W. 4TH ST. #104 PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12022 WASHINGTON ST. City PEMBROKE PINES FL Zip Code 33025	
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:  DATE: 04/04/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$450.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	PD BONILLA, VICTOR M 13420 N.W. 4TH ST. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACEVEDO, MARTHA L 13420 N.W. 4TH ST. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S/TREASURER Restrepo, Ravi E. 1776 Polk St. Apt. 11-3 Hollywood FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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>				DATE: 04/04/03 Daytime Phone: 954-5546158	

CR2E034 (10/02)