

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90213 024 ***150.00



DOCUMENT # P01000109603

1. Entity Name
VICTORIA DAIRY PRODUCTS, INC.

Principal Place of Business
2700 GLADES CIRLCE
C127
WESTON, FL 33327

Mailing Address
2700 GLADES CIRLCE
C127
WESTON, FL 33327

2. Principal Place of Business
2066 MADEIRA DRIVE

3. Mailing Address
2066 MADEIRA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33327

Country
USA

Zip
33327

Country
USA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
03-0413305

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LO DOLCE, FRANCO T
2700 GLADES CIRCLES
STE C127
WESTON, FL 33327

7. Name and Address of New Registered Agent
 Name **LO DOLCE FRANCO TROTTA**
 Street Address (P.O. Box Number is Not Acceptable)
2066 MADEIRA DRIVE
 City **WESTON** FL Zip Code **33327**

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 **FRANCO TROTTA**

DATE **04/25/04**

Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **LO DOLCE, FRANCO T**
 STREET ADDRESS **2700 GLADES CIRCLE #C127**
 CITY-ST-ZIP **WESTON, FL 33327**

TITLE **DIRECTOR** Change Addition
 NAME **FRANCO TROTTA LO DOLCE**
 STREET ADDRESS **2066 MADEIRA DRIVE**
 CITY-ST-ZIP **WESTON, FL 33327**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/04
 Date

(954) 217-0017
 Daytime Phone #