

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVE
AND
FILE

06 SEP -5 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DOCUMENT # P02000082708

1. Entity Name
VICTOR FINANCIAL SERVICES CORP



Principal Place of Business

210 SW 107 AVE
MIAMI, FL 33174

Mailing Address

210 SW 107 AVE
MIAMI, FL 33174

2. Principal Place of Business

300 SW 107 AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33174

Country

US

Zip

Country

09012006

Chg-P

CR2E034 (11/05)

4. FEI Number

22-3860710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARVAEZ, VICTOR
6745 SW 132 AVE APT 207
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name
MARVAEZ VICTOR

Street Address (R.O. Box Number is Not Acceptable)

6745 SW 132 AVE APT 207

City MIAMI

FL

Zip Code 33183

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

Victor Marvaez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09/01/06

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME NARVAEZ, VICTOR
STREET ADDRESS 6745 NW 132ND AVE., APT. 207
CITY-ST-ZIP MIAMI, FL 33183

TITLE VP ☐ Delete
NAME NARVAEZ, MARIA
STREET ADDRESS 6745 SW 132ND AVE., APT. 207
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100079513031
CITY-ST-ZIP 09/06/06--01019--034 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

Victor Marvaez

09/01/06

Date

Daytime Phone #

9/5/06