

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031378

Entity Name: VICTORIA TECH. INC.

FILED  
Apr 16, 2008  
Secretary of State

**Current Principal Place of Business:**

9032 NW 12 STREET  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9032 NW 12 STREET  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 73-1662286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCES, MARIA E  
9032 NW 12 STREET  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVD ( ) Delete  
Name: SANCHEZ, ALEJANDRO  
Address: RUA PROFESOR ARTHUR RAMOS 350 APT 2301  
City-St-Zip: SAO PAULO SP BRAZIL,

Title: DTS ( ) Delete  
Name: GARCES, GASPAS  
Address: 9032 NW 12 STREET  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASPAS GARCES

TREA

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date