
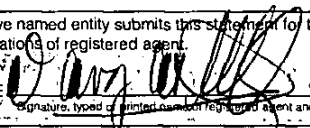
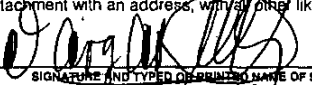


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90009 037 \*\*\*150.00

<b>DOCUMENT # P03000047160</b> 1. Entity Name <b>VICTORY TRANSPORTATION SERVICES, INC</b>					
Principal Place of Business <b>8249 NW 36 STREET SUITE 117</b> <b>MIAMI, FL 33166 US</b>			Mailing Address <b>8249 NW 36 STREET SUITE 117</b> <b>MIAMI, FL 33166 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0015113</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CARMONA, HUGO</b> <b>9718 HAMMOCKS BLVD APT 103</b> <b>MIAMI, FL 33196</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8249 NW 36 ST #117</b> City <b>MIAMI</b> FL <b>33166</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. SIGNATURE:  <b>HUGO CARMONA - PRES</b> DATE: <b>01/19/05</b> <small>(NOTE: Registered Agent signature required when reinstalling)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			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 <b>P</b>	NAME <b>CARMONA, HUGO</b>		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>9718 HAMMOCKS BLVD APT 103</b>	CITY-ST-ZIP <b>MIAMI, FL 33196</b>		NAME <b>8249 NW 36 ST #117</b>		
CITY-ST-ZIP <b>MIAMI, FL 33196</b>			CITY-ST-ZIP <b>MIAMI FL 33166</b>		
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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:  <b>HUGO CARMONA - PRES</b> DATE: <b>01/19/05</b> (305) 629-9291 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01192005 Chg-P CR2E034 (10/03)