


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90137 009 \*\*\*150.00

**DOCUMENT # P04000012711**  
 1. Entity Name  
**VICTOR MUNIZ & CO., INC.**



Principal Place of Business: 12321 N.W. 97 COURT, HIALEAH GARDENS, FL 33018  
 Mailing Address: 12321 N.W. 97 COURT, HIALEAH GARDENS, FL 33018

2. Principal Place of Business: 435 NE 26 TER  
 3. Mailing Address: 435 NE 26 TER

Suite, Apt. #, etc.: APT 3

City & State: MIAMI FL

Zip: 33137 Country: USA



04212005 Chg-P CR2E034 (10/03)

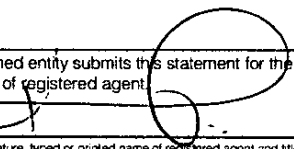
4. FEI Number: 34-1983500  
 Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent: MUNIZ, VICTOR, 12321 N.W. 97 COURT, HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent:  
 Name: MUNIZ, VICTOR  
 Street Address (P.O. Box Number is Not Acceptable): 435 NE 26 TER APT 3  
 City: MIAMI FL Zip Code: 33137

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: 4/22/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

| 10. OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
|---|---------------------------------|---|--|
| TITLE: PS<br>NAME: MUNIZ, VICTOR<br>STREET ADDRESS: 12321 N.W. 97 COURT<br>CITY-ST-ZIP: HIALEAH GARDENS, FL 33018 | <input type="checkbox"/> Delete | TITLE: PS<br>NAME: MUNIZ, VICTOR<br>STREET ADDRESS: 435 NE 26 TER APT 3<br>CITY-ST-ZIP: MIAMI, FL 33137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>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:  DATE: 4/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #