


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000012711 <small>1. Entity Name</small> VICTOR MUNIZ & CO., INC.					
<small>Principal Place of Business</small> 435 NE 26 TER APT 3 MIAMI FL 33137		<small>Mailing Address</small> 435 NE 26 TER APT 3 MIAMI FL 33137			
<small>2. Principal Place of Business</small> Suite, Apt. #, etc. City & State Zip Country		<small>3. Mailing Address</small> Suite, Apt. #, etc. City & State Zip Country			
<small>4. FEI Number</small> 34-1983500		<small>Applied For</small> <input type="checkbox"/> Not Applicable			
<small>5. Certificate of Status Desired</small>		<input type="checkbox"/> \$8.75 Additional Fee Required			
<small>6. Name and Address of Current Registered Agent</small> MUNIZ, VICTOR 435 NE 26 TER APT 3 MIAMI FL 33137			<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<small>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.</small>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				<small>9. Election Campaign Financing</small> \$5.00 May 1 <small>Trust Fund Contribution.</small> <input type="checkbox"/> Added to Fees	
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PS MUNIZ, VICTOR 435 NE 26 TER APT 3 MIAMI FL 33137	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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1st MOORE CR2E034 (10/05)

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: _____ 3/14/06 476.512.2551