


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90077 033 \*\*\*150.00

**DOCUMENT # P04000012711**

1. Entity Name  
**VICTOR MUNIZ & CO., INC.**



Principal Place of Business      Mailing Address

435 NE 26 TER      435 NE 26 TER  
 APT 3      APT 3  
 MIAMI FL 33137      MIAMI FL 33137



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**12321 NW 97th COURT**      **12321 NW 97th COURT**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State

**HIALEAH GARDENS, FL**      **HIALEAH GARDENS, FL**

Zip      Country      Zip      Country

**33018**      **USA**      **33018**      **USA**

4. FEI Number      34-1983500      Applied For

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

Not Applicable

6. Name and Address of Current Registered Agent

**MUNIZ, VICTOR**  
**435 NE 26 TER APT 3**  
**MIAMI FL 33137**

7. Name and Address of New Registered Agent

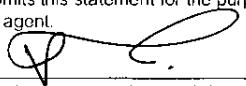
Name      **VICTOR MUNIZ**

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

**12321 NW 97th COURT**

City      **HIALEAH GARDENS**      **FL**      Zip Code      **33018**

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  **PRINCIPAL / VICTOR MUNIZ**      DATE **3/11/07**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be

Trust Fund Contribution.            Added to Fees

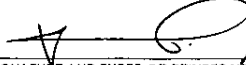
10. OFFICERS AND DIRECTORS

| TITLE | NAME          | STREET ADDRESS      | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|---------------|---------------------|-----------------|---------------------------------|
| PS    | MUNIZ, VICTOR | 435 NE 26 TER APT 3 | MIAMI FL 33137  | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 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 MUNIZ**      DATE **3/11/07**      DAYTIME PHONE # **786.512.2551**

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