2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State
05-04-2005 90161 017 ***150.00

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1. Entity Name
VICTOIRE, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131	444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131

02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2950 SW 27 Avenue	2950 SW 27 Avenue
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: 300
City & State: Miami FL	City & State: Miami FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 20-2920818 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ.
444 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Eduardo J. Garcia
Street Address (P.O. Box Number is Not Acceptable): 2950 SW 27 Avenue
Suite 300
City: Miami FL Zip Code: 33133

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: Eduardo J. Garcia 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Sydney E. Saffar 2950 SW 27 Avenue, Suite 300 Miami, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Evelyn Quivault EP Saffar 2950 SW 27 Ave., Suite 300 Miami FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Maurice Frank Saffar 2950 SW 27 Ave. Suite 300 Miami, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Sydney E. Saffar 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #