

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90021 008 ***150.00

DOCUMENT # P04000068695

1. Entity Name

VITORIA REALTY CORPORATION



Principal Place of Business

321 BROADWAY
KISSIMMEE FL 34741

Mailing Address

2603 CHATHAM CIRCLE
KISSIMMEE FL 34746



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

3. Mailing Address

321 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Kissimmee - FL

4. FEI Number 20-1055636

Applied For
Not Applicable

Zip

Country

34741

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATINI, EDNA C
2603 CHATHAM CIRCLE
KISSIMMEE FL 34746

Name

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

321 BROADWAY

City

Kissimmee

FL

34741

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
DPST
BATINI, EDNA C
2603 CHATHAM CIRCLE
KISSIMMEE FL 34746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
321 BROADWAY
KISSIMMEE FL - 34741 ☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/07

407-3440300