

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099537

Entity Name: VICTORIA'S STUDIO, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

6850 CORAL WAY  
SUITE 407  
MIAMI, FL 33155

## New Principal Place of Business:

## Current Mailing Address:

6850 CORAL WAY  
SUITE 407  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 20-2760910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEL RIO, VICTORIA  
1416 SW 131 PL CIR E  
MIAMI, FL 33184 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: DEL RIO, VICTORIA  
Address: 1416 SW 131 PL CIR E  
City-St-Zip: MIAMI, FL 33184

Title: VS ( ) Delete  
Name: PUENTES, ARMANDO S  
Address: 1416 SW 131 PL CIR E  
City-St-Zip: MIAMI, FL 33184

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA DEL RIO

PRES

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date