

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148412

FILED  
Jun 27, 2007  
Secretary of State

Entity Name: VICTORY EDUCATIONAL AND DEVELOPMENT CENTER, INC.

## Current Principal Place of Business:

7040 SW 5TH STREET  
PEMBROKE PINES, FL 33023

## New Principal Place of Business:

900 NE 125 STREET  
SUITE 209  
MIAMI, FL 33161

## Current Mailing Address:

7040 SW 5TH STREET  
PEMBROKE PINES, FL 33023

## New Mailing Address:

FEI Number: 50-0052775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAYUNGBE, ALBERT A  
2967 SW 161 AVENUE  
MIRAMAR, FL, FL 33027      US

## Name and Address of New Registered Agent:

JEAN, AUGUSTIJ. A  
13655 NE 3RD CT.  
APT. 1  
NORTH MIAM, FL 33161      US

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: JEAN J. AUGUSTIN

06/27/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FELIX-PHANORD, MARTHE  
Address: 7040 SW 5TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: V ( ) Delete  
Name: MOMPRIEMER, MARGUERITE  
Address: 9730 NW 14 ST  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete  
Name: JEAN-POIX, CLAUDE  
Address: 12201 NW 21 PL  
City-St-Zip: MIAMI, FL 33161

Title: T ( ) Delete  
Name: AUGUSTIN, JEAN  
Address: 13655 NE 3 CT #1  
City-St-Zip: MIAMI, FL 33161

Title: A ( ) Delete  
Name: BISSERETH, JEAN CAMILLE  
Address: 7040 SW 5 ST  
City-St-Zip: PEMBROKE PINES, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARTHE F. PHANORD

P

06/27/2007

Electronic Signature of Signing Officer or Director

Date