2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000072244

1. Entity Name

INDUSTRIAS VICTORIA, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -8 AM 11:35

Principal Place of Business	Mailing Address
2. Principal Place of Business 13823 NW 15 STREET Suite, Apt. #, etc.	3. Mailing Address 13823 NW 15 STREET Suite, Apt. #, etc.
City & State PEMBROKE PINES,FL.	City & State PEMBROKE PINES,FLORIDA
Zip / Country 33028 / USA	Zip / Country 33028 / USA

05122003 Chg-P CR2E034 (10/03)

4. FEI Number
55-0889800
☐ Applied For
☐ Not Applicable

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
MARIBEL TAVELLA 13552 NW 7TH STREET PEMBROKE PINES FLORIDA 33028	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Maribel Tavella 954-447-2826 04/29/06

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

FILE NOW!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ELIZABETH LOPEZ MIGUEL A.MONCLUS209,REPDOM ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300075111703 05/24/06--01005--018 **150.00
TITLE / NAME / STREET ADDRESS	VICE-PRESIDENT CARMEN MELENDEZ MIGUEL A.MONCLUS209,REPDOM ☐ Delete	TITLE / NAME / STREET ADDRESS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHAEL TAVELLA 21 PRESIDENT STREET OAKDALE,NY 11769 ☐ 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
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: ABRIL 29,2006

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Williams MAY - 8 2006