2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000033585

1. Entity Name

VICTOR & FERNANDO, CORP.



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

8454 NW 24 PLACE MIAMI, FL 33147 Mailing Address

8454 NW 24 PLACE MIAMI, FL 33147



DO	NOT	WRITE	IN THIS	SPACE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02202008	No Chg-P	CR2E034 (11/	(05)
			Annie Co

4. FEI Number
06-1742699

S. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, VICTOR M 8454 NW 24 PLACE MIAMI, FL 33147

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, VICTOR M 8454 NW 24 PLACE MIAMI, FL 33147				,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		0000838418 708-80029-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	YON C	WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN	THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ng Niko zi in ki	· · · ·	,	
12. I hereby of indicated of the cor changed,	pertify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an oddress, with a	ing does not qualify for the exempt not accurate and that my signature in the execute this report as required a purer like empowered.	ions con shall hav by Chapt	tained in Chapter e the same legal et er 607, Florida Stat	119, Florida Statute fect as if made und utes; and that my i	es I further certify that the information der oath; that I am an officer or director name appears in Block 10 or Block 11 if	

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 Fiorida. I am familiar with, and accept