

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 015 ***150.00

DOCUMENT # P05000090161

1. Entity Name
VICKORO MANAGEMENT, INC



Principal Place of Business

**13935 NW 1ST AVE
MIAMI, FL 33168 US**

Mailing Address

**13935 NW 1ST AVE
MIAMI, FL 33168 US**

2. Principal Place of Business

3047 GRANT STREET
Suite, Apt. #, etc.

3. Mailing Address

3047 GRANT STREET
Suite, Apt. #, etc.

City & State

Hollywood - FL

City & State

Hollywood - FLORIDA

Zip

33021

Country

U.S.

Zip

33021

Country

U.S.

02212006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3043956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PB&A FINANCIAL SERVICES CORP
13935 NW 1ST AVE
MIAMI, FL 33168**

7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OROEPEZA, VICTORIA
13935 NW 1ST AVE
MIAMI, FL 33168** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OROPESA, NEYCEL
13935 NW 1ST AVE
MIAMI, FL 33168** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oropeza Victoria / Pres

Date

2/22/06

Daytime Phone #

3057691911