



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90388 025 ***150.00

DOCUMENT # P06000037963					
1. Entity Name VICTORES ALONSO CORP.					
Principal Place of Business 11378 W FLAGLER STREET #201 MIAMI, FL 33174			Mailing Address 11378 W FLAGLER STREET #201 MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box # 10600 SW 139th St.		3. Mailing Address 10600 SW 139th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008 Chg-P CR2E034 (12/06)	
City & State Miami FL 33176		City & State Miami FL 33176		4. FEI Number 57-1231671	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VICTORES, RAIDEL 11378 W FLAGLER STREET #201 MIAMI, FL 33174				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: <u>RUP22A</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>04-29-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME VICTORES, RAIDEL <input type="checkbox"/> Delete				
STREET ADDRESS 11378 W FLAGLER STREET #201	CITY-ST-ZIP MIAMI, FL 33174				
TITLE V	NAME RODRIGUEZ, MARIELY <input type="checkbox"/> Delete				
STREET ADDRESS 11378 W FLAGLER STREET #201	CITY-ST-ZIP MIAMI, FL 33174				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
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 another like empowered.					
SIGNATURE: <u>RUP22A</u> <u>04-29-08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					