


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 FEB 15 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000094888		
1. Entity Name VICTOR CAFE, INC		

Principal Place of Business 4902 N MACDILL APT 1926 TAMPA, FL 33614	Mailing Address 4902 N MACDILL APT 1926 TAMPA, FL 33614
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. 4423 N. ARMENIA AVE	Suite, Apt. #, etc. 4423 N. ARMENIA AVE
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City & State TAMPA FL 33603-2701	City & State TAMPA, FL.
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Zip 33603-2701	Country HILLSBOROUGH	Zip 33603-2701	Country HILLSBOROUGH
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SUAZO, VICTOR I 4902 N MACDILL APT 1926 TAMPA, FL 33614	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100089985921 03/02/07--01004--027 **150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SUAZO, VICTOR I 4902 N MACDILL APT 1926 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICTOR I. SUAZO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3426 W. MINERHANA ST. TAMPA FL. 33614-4514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SUAZO, VICTOR I 4902 N MACDILL APT 1926 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICTOR I. SUAZO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3426 W. MINERHANA ST. TAMPA FL. 33614-4514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] 3/12/07 (813) 873-1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #