2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083468

Entity Name: VICTORIA MANAGEMENT SERVICES, INC.

FILED Mar 10, 2008 Secretary of State

Current Principal Plac	e of Business:	New Princi	pal Place of Business

409 W. HALLANDALE BEACH BLVD. 4001 SOUTH OCEAN BLVD R-1

SUITE 214

HALLANDALE BEACH, FL 33009 HOLLYWOOD, FL 33009

Current Mailing Address: New Mailing Address:

409 W. HALLANDALE BEACH BLVD. 4001 SOUTH OCEAN OCEAB SUITE 214

HALLANDALE BEACH, FL 33009 HOLLYWOOD, FL 33019

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUERRERO, WALTERINA VALVERDE, CESAR 409 W. HALLANDALE BEACH BLVD. 4001 SOUTH OCEAN DRIVE SUITE 214 STE B-1

HALLANDALE BEACH, FL 33009 US HOLLYWOOD, FL 33019 US

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.

SIGNATURE: CESAR VAKVERDE 03/10/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GUERRERO, WALTERINA VALVERDE, CESAR R Name: Name: 409 W. HALLANDALE BEACH BLVD. 3214 Address: 4001 SOUTH OCEAN DRIVE Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: HOLLYWOOD, FL 33019

Title: (X) Delete Title: () Change () Addition

VALVERDE, CESAR R Name: Name: 409 W. HALLANDALE BEACH BLVD. 3214 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR VALVERDE **PRES** 03/10/2008