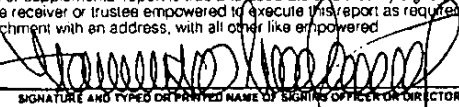


2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-18-2008 90047 010 ***150.00
P07000132099

FILED

08 JUN 11 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000132099			
1. Entity Name VICTORY ESTATES CORP			
Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131		Mailing Address 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 80 SW 8th St.		3. Mailing Address	
Suite, Apt. #, etc. Suite 3100		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33131	Country	Zip	Country
4. FEI Number 26-1579258		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, WESLEY M 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (R.O. Box Number if Not Applicable) 80 SW 8th St Suite 3100 City Miami FL Zip Code 33131	
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 is required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S MELENDEZ, FRANCISCO E 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	80 SW 8th St, Ste 3100 Miami, FL 33131 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		04/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	