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2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P07000132099

1. Entity Name
VICTORY ESTATES CORP

Principal Place of Business	Mailing Address
501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	~~501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
80 SW 8th St.	
Suite, Apt. #, etc.: Suite 3100	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33131 / Country	Zip / Country

03272008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
ROBINSON, WESLEY M 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	Name: Street Address (P.O. Box Number is Not Acceptable): 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 10		
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
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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 — Date — Daytime Phone #