

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015555

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: VICTORY INSURANCE (FL) CORP.

## Current Principal Place of Business:

POST OFFICE BOX 363467  
SAN JUAN, PR

## New Principal Place of Business:

C/O POST & ROMERO, 3195 PONCE DE LEON  
SUITE 400  
CORAL GABLES, FL 33134

## Current Mailing Address:

POST OFFICE BOX 363467  
SAN JUAN, PR

## New Mailing Address:

FEI Number: 65-0398131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMERO, CARLOS A JR  
3195 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ROMERO, CARLOS A JR  
3195 PONCE DE LEON BLVD.  
SUITE 400  
CORAL GABLES, FL 33134 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:

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TOUMA, NICOLAS  
Address: POST OFFICE BOX 363467 N/A  
City-St-Zip: SAN JUAN PUERTO RICO,

Title: T ( ) Delete  
Name: VALLE, YAMIRRAH D  
Address: COLINA DE PLATA 32 AMINO DEL MOWTE  
City-St-Zip: TOA ALTA, PR 00953

Title: S ( ) Delete  
Name: MENDIN, JORGE L  
Address: VILLAS DE SAN FRANCISCO, D-17 ST.  
City-St-Zip: RIO PIEDRAS, PR

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: NICOLAS TOUMA

D

01/23/2009

Electronic Signature of Signing Officer or Director

Date