

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015555

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** VICTORY INSURANCE (FL) CORP.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

3195 PONCE DE LEON  
SUITE 400  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

POST OFFICE BOX 363467  
SAN JUAN, PR

**New Mailing Address:**

POST OFFICE BOX 363467  
SAN JUAN, PR US

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 400  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TOUMA, NICOLAS  
Address: 3195 PONCE DE LEON  
City-St-Zip: CORAL GABLES, FL 33134 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: NICOLAS TOUMA

D

01/12/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date