

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000015555

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 363467  
SAN JUAN, PR 00936 US

**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 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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** D  
**Name:** MENDIN, JORGE L  
**Address:** VILLAS DE SAN FRANCISCO  
**City-St-Zip:** RIO PIEDRAS, PR 00921 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

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date