


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90046 010 \*\*\*150.00

<b>DOCUMENT # P94000062019</b>	
1. Entity Name <b>VICTOR ENTERPRISES, INCORPORATED</b>	

Principal Place of Business <b>798 NW 82ND AVE. CORAL SPRINGS, FL 33071</b>	Mailing Address <b>798 NW 82ND AVE. CORAL SPRINGS, FL 33071</b>
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2. Principal Place of Business - No P.O. Box # <b>780 So. SAPODILLA AVE.</b>	3. Mailing Address <b>780 So. SAPODILLA AVE.</b>
Suite, Apt. #, etc. <b># 414</b>	Suite, Apt. #, etc. <b># 414</b>

City & State <b>WEST PALM BEACH, FL</b>	City & State <b>WEST PALM BEACH, FL</b>
Zip <b>33401</b>	Zip <b>33401</b>
Country <b>USA</b>	Country <b>USA</b>

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03072007 Chg-P CR2E034 (12/06)

4. Name and Address of Current Registered Agent <b>VICTOR, BARRY D 798 NW 82ND AVE. CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>VICTOR, BARRY D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>780 So. SAPODILLA AVE. #414</b> City <b>West Palm Beach FL</b> Zip Code <b>33401</b>	
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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 **BARRY D. VICTOR C.F.P.** **BARRY D. VICTOR** **4-10-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP VICTOR, BARRY D 798 NW 82 AVE. CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BARRY D. VICTOR 780 So. SAPODILLA AVE. #414 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **BARRY D. VICTOR** **4-10-07** **954-540-1787**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #