


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 013 ***150.00

| | |
|---|---|
| DOCUMENT # P94000062019 1. Entity Name VICTOR ENTERPRISES, INCORPORATED |  |
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|--|--|
| Principal Place of Business 780 S. SAPODILLA AVE. #414 WEST PALM BEACH, FL 33401 | Mailing Address 780 S. SAPODILLA AVE. #414 WEST PALM BEACH, FL 33401 |
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DO NOT WRITE IN THIS SPACE

40089064



04072008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0527828 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**VICTOR, BARRY D
780 S. SAPODILLA AVE. #414
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CP VICTOR, BARRY D 780 S. SAPODILLA AVE. 200 #414 WEST PALM BEACH, FL 33401 |
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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 Chairman 4-13-08 5616591787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____