


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90220 047 \*\*\*150.00

<b>DOCUMENT # P96000062713</b>	
<b>1. Entity Name</b> VICTORIA ROSE, INC.	

<b>Principal Place of Business</b> 9200 BAY HARBOR TERRACE SUITE 5A BAY HARBOR ISLAND FL 33154	<b>Mailing Address</b> 9800 W BAY HARBOR DR BAY HARBOR IS FL 33154
---	--

<b>2. Principal Place of Business</b> 9800 W Bay Harbor DR.	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> Bay Harbor Is	<b>City &amp; State</b>
<b>Zip</b> 33154	<b>Country</b> MIAMI DADE



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-0695738	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  TRUTE, MELVYN ESQ. 1090 KANE CONCOURSE, SUITE 202 BAY HARBOR ISLAND FL 33154	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
--	---

**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<b>NAME</b> ROSE, VICTORIA	<b>TITLE</b> D	<b>NAME</b> VICTORIA ROSE
<b>STREET ADDRESS</b> 9221 EAST BAY HARBOR DRIVE	<b>CITY-ST-ZIP</b> BAY HARBOR ISLAND FL 33154	<b>STREET ADDRESS</b> 9800 W. BAY HARBOR DR.	<b>CITY-ST-ZIP</b> BAY HARBOR IS, FL 33154
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **4-23-04** **305/308-9563**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #