
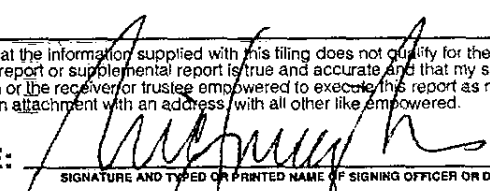


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000062713 1. Entity Name VICTORIA ROSE, INC.		
Principal Place of Business 9800 W BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154	Mailing Address 9800 W BAY HARBOR DR BAY HARBOR IS, FL 33154	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TRUTE, MELVYN ESQ. 1090 KANE CONCOURSE, SUITE 202 BAY HARBOR ISLAND, FL 33154		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, VICTORIA 9800 W BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7.16.05 Daytime Phone # 305/868-1354



07162005 No Chg-P CR2E034 (10/03)

4. FCI Number
65-0695738 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

000000373925
07/22/05-80001-005 158.75