

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060682

Entity Name: VICTORY DEVELOPMENT, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVE., 7TH AVE.
7TH FL
AVENTURA, FL 33180

New Principal Place of Business:

2710 TREASURE COVE CIRCLE
FT. LAUDERDALE, FL 33312 US

Current Mailing Address:

18851 NE 29TH AVE 7TH FLOOR
AVENTURA, FL 33180

New Mailing Address:

2710 TREASURE COVE CIRCLE
FT. LAUDERDALE, FL 33312 US

FEI Number: 65-0769375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, GARY D
18851 NE 29TH AVE., 7TH AVE.
7TH FL
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

POSNER, MATHEW R
2710 TREASURE COVE CIRCLE
FT. LAUDERDALE, FL 33312 US

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: MATHEW POSNER

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: POSNER, MATTHEW
Address: 18851 NE 29TH AVE 7TH FL
City-St-Zip: AVENTURA, FL 33180

Title: SD (X) Delete
Name: POSNER, RONALD
Address: 18851 NE 29TH AVE 7TH FL
City-St-Zip: AVENTURA, FL 33180

Title: PTD (X) Delete
Name: POSNER, GARY D
Address: 18851 NE 29TH AVE 7TH FL
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete
Name: FREEMAN, MIKE
Address: 18851 NE 29TH AVENUE, 7TH FL
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change () Addition
Name: POSNER, MATTHEW
Address: 2710 TREASURE COVE CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MATHEW POSNER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date