


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000075395</b> 1. Entity Name VICTORIA REALTY, P.A.	
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Principal Place of Business 1689 N HIATUS RD #149 PEMBROKE PINES, FL 33026	Mailing Address 1689 N HIATUS RD #149 PEMBROKE PINES, FL 33026
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**DO NOT WRITE IN THIS SPACE**



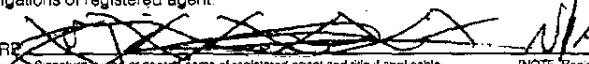
01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0785710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
PRODROMITIS, VICTORIA J  
1612 SW 103 LANE  
DAVIE, FL 33324

**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  N/A  
(Signature must be printed or photostatic name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

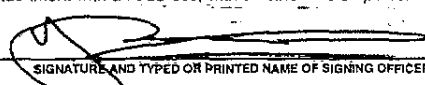
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRODROMITIS, VICTORIA J 1612 SW 103 LN DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000234570  
02/18/05-80024-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  2/15/05 954-888-1806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #