2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# P98000053063

Entity Name: VICTORIOUS INSURANCE AGENCY, INC.

Current Principal Place of Business:

800 N.W. 54 ST.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

800 N.W. 54 ST.
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0841105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATHOURIS, HERMINE M
3311 SW 175 AVENUE
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

ATHOURIS, HERMINE M
3311 SW 175 AVENUE
MIAMI, FL 33029 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: 07/01/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, HERMINE M
Address: 1110 NW 141 ST
City-St-Zip: MIAMI, FL 33168

Title: T ( ) Delete
Name: MONESTINE, ENOCH
Address: 1110 NW 141 ST
City-St-Zip: MIAMI, FL 33168

Title: VP ( ) Delete
Name: ATHOURIS, ROLAND
Address: 3311 SW 175 AVE.
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: GEDEUS, AMALIA
Address: 3311 SW 175 AVE.
City-St-Zip: MIRANAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ATHOURIS, HERMINE M
Address: 3311 SW 175 AVENUE
City-St-Zip: MIRAMAR, FL 33069

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 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 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: HERMINE M ATHOURIS P 07/01/2004
Electronic Signature of Signing Officer or Director Date