



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90022 047 \*\*\*158.75

<b>DOCUMENT # P98000058540</b>					
<b>1. Entity Name</b> VICTORIAN ESSENCE, INC.					
<b>Principal Place of Business</b> 8350 MILLS DR MIAMI, FL 33183 US			<b>Mailing Address</b> 16434 SW 71 TERR MIAMI, FL 33193		
<b>2. Principal Place of Business</b> 7440 SW 140 Terr.		<b>3. Mailing Address</b> 7440 SW 140 Terr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006    Chg-P    CR2E034 (11/05)	
<b>City &amp; State</b> Palmetto Bay, FL		<b>City &amp; State</b> Palmetto Bay, FL		<b>4. FEI Number</b> 65-0849207	
<b>Zip</b> 33158		<b>Country</b> Dade		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SUSICH, TIMOTHY F CPA 10689 N KENDALL DRIVE STE 312 MIAMI, FL 33176			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PST <b>NAME</b> KAZMIERCZAK, MARTHA <b>STREET ADDRESS</b> 16434 SW 71 TERR <b>CITY-ST-ZIP</b> MIAMI, FL 33193	<input type="checkbox"/> Delete		<b>TITLE</b> PST <b>NAME</b> Kazmierczak, Martha <b>STREET ADDRESS</b> 7440 SW 140 Terrace <b>CITY-ST-ZIP</b> Palmetto Bay, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> KAZMIERCZAK, BRIAN <b>STREET ADDRESS</b> 16434 SW 71 TERR <b>CITY-ST-ZIP</b> MIAMI, FL 33193	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Kazmierczak, Brian <b>STREET ADDRESS</b> 7440 SW 71 Terrace <b>CITY-ST-ZIP</b> Palmetto Bay, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>M. Dushy Kazmierczak</i> <b>MARTHA KAZMIERCZAK</b>			<b>1-5-06</b> <b>305-232-2017</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		