## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 04, 2007 08:00 AM Secretary of State **DOCUMENT # P98000084000** 1. Entity Name VICTORY FASHION, INC. Mailing Address Principal Place of Business 2661 NW 5TH AVE. 2661 NW 5TH AVE. MIAMI, FL 33127 MIAMI, FL 33127 CR2E034 (11/05) 04272007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0866483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHO, SOON J DO NOT WRITE **2661 NE 5TH AVE** MIAMI, FL 33127 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, it am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD CHO, SOON JAE 10560 BUENOS AIVES ST STREET ADDRESS COOPER CITY, FL 33026 CITY-ST-7IP TITLE '25/07-80033-001 150.0D CHO, KEA SOON 10560 BUAENOS AIVES ST STREET ADDRESS COOPER CITY, FL 33026 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED