



FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90025 040 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000087175		
1. Entity Name VICTORY SERVICIO, INC.		
Principal Place of Business 3840 S.W. 121ST AVENUE SUITE 221 MIAMI, FL 33175		Mailing Address 4551 PONCE DE LEON BLVD CORAL GABLES, FL 33146
DO NOT WRITE IN THIS SPACE		
		66010836 
		04182008 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0869523		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent A & A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD CORAL GABLES, FL 33146		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MEDINA, OSCAR S 3840 S.W. 121ST AVENUE MIAMI, FL 33175	
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DO NOT WRITE IN THIS SPACE		
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.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MAY 12-08 305 586 4533 <small>Date Daytime Phone #</small>