07-18-2003 90074 008 ***150.00
FILED P98000100997

03 AUG 26 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90144386

300022635389
08/28/03--01032--002 **400.00

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100997

1. Entity Name
VICTORIA DECORATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14025 BOCA KEY DR.	1970 E. OSCEOLA PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. #306
City & State: ORLANDO, FL	City & State: KISSIMMEE, FL
Zip: 32824 Country: U.S.A.	Zip: 34743 Country: U.S.A.

4. FEI Number 65-0882515 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: MARIA T. DE LUIGI
Street Address (P.O. Box Number is Not Acceptable): 1970 E. Osceola Parkway #306
City: Kissimmee FL Zip Code: 34743

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: Maria Teresa De Luigi
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P.D. NAME DE LUIGI, MARIA T. STREET ADDRESS 1970 E. Osceola Parkway #306 CITY-ST-ZIP Kissimmee, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Teresa De Luigi C. 07/16/2003 407-4687760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 8/26