

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000093324

**Entity Name:** VICTOR'S BODY SHOP, INC.

**Current Principal Place of Business:**

4855 LENOX AVE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

2520 SPRING LAKE RD.  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-3286971

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUTIERREZ, LOURDES M  
2520 SPRING LAKE RD.  
JACKSONVILLE, FL 32210 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GUTIERREZ, LOURDES  
Address        4855 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title            COO  
Name            GUTIERREZ, ROBERT  
Address        4855 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title            OFFICER  
Name            GUTIERREZ, JR, VICTOR O  
Address        4855 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title            OFFICER  
Name            GUTIERREZ, ORLANDO L  
Address        4855 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT GUTIERREZ**

**COO**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date