2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088942

1. Entity Name
V & R ELECTRIC SERVICE CORP



Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90053 037 ***150.00

FILED

Principal Place of Business 331 E 50TH STREET

HIALEAH, FL 33013

Mailing Address

331 E 50TH STREET HIALEAH, FL 33013



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0759671 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, RAFAEL 16151 NW 57TH AVE MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

MIAMI LAKES, FL 33014				IN THIS SPACE				
	named entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office or re	gistered agent, or b	ooth, in the State	e of Florida. I am f	amiliar with, ar	nd accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registere	d Agent signature	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		ुर्भ के क्ष्या	1157		1 658	
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NAME	MARTINEZ, RAFAEL							
STREET ADDRESS	331 E 50TH STREET							Transfer and
CITY-ST-ZIP	HIALEAH, FL 33013							
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NAME							\$255 3478.03	
STREET AUDRESS								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 trusted 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 any address, with fall other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SKINATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

2-3-00

305-643-2233

Daytime