^{*}2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # G26870** 1. Entity Name V & V ELECTRICAL, INC. Principal Place of Business Mailing Address 4391 N.W. 2ND STREET 4391 N.W. 2ND STREET MIAMI, FL 33126 MIAMI, FL 33126 No Cha-P CR2E034 (10/03) 01062004 Applied For 4. FEI Numbe 59-1868695 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VAZQUEZ, FAUSTINO R 4391 NW 2ND SREET MIAMI, FL. 33126 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Again algoriture required when rematating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VAZQUEZ, FAUSTINO R NAME 4391 N.W. 2ND ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE VPSD HERNANDEZ, LAZARO NAME STREET ADDRESS 20000 SW 216 STREET CITY - ST - ZIP MIAMI, FL 33170 TD TITLE NAME VAZQUEZ, EDUARDO J 4391 N.W. 2ND ST. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33126 IN THIS SPACE न तार NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

TRE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AUSTINO K.

Daytime Phone #