


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000088003</b> 1. Entity Name <b>VRAO EQUITIES, INC.</b>	
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Principal Place of Business <b>7900 NORTHWEST 36TH STREET 2ND FLOOR MIAMI, FL 33166</b>	Mailing Address <b>7900 NORTHWEST 36TH STREET 2ND FLOOR MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1040017</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ALVAREZ, VICTOR R 7900 NW 36 ST MIAMI, FL 33166</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000556045 05/16/06-80055-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, VICTOR R 7900 NORTHWEST 36TH STREET 2ND FLOOR MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALVAREZ-OJEDA, VICTOR R 7900 NORTHWEST 36TH STREET 2ND FLOOR MIAMI, FL 33166
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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, without other like empowered.

**SIGNATURE:**  **4/24/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #