


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000088003

1. Entity Name
VRAO EQUITIES, INC.



Principal Place of Business 7900 NORTHWEST 36TH STREET 2ND FLOOR MIAMI, FL 33166	Mailing Address 7900 NORTHWEST 36TH STREET 2ND FLOOR MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04192008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**ALVAREZ, VICTOR R
 7900 NW 36 ST
 MIAMI, FL 33166**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

1000000556045
 05/16/06-80055-006 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: x [Signature] Date: 4/24/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR