


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000112330 1. Entity Name V.R.R. CONSTRUCTION, INC.	
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Principal Place of Business 29713 S.W. 158TH CT HOMESTEAD, FL 33033	Mailing Address 29713 S.W. 158TH CT HOMESTEAD, FL 33033
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RINCN, VIRGINIO 29713 S.W. 158TH CT HOMESTEAD, FL 33033
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03062004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1159035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2004 Fee will be \$550.00	9. Election Campaigns Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RINCON, VIRGINIO 29713 S.W. 158TH CT HOMESTEAD, FL 33033
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<p>U00000114813 04/15/04-80066-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Virginia Rincon **4-12-04** **(305) 248-1501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #