


**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.**



Principal Place of Business <b>29713 S.W. 158TH CT          HOMESTEAD, FL 33033</b>	Mailing Address <b>29713 S.W. 158TH CT          HOMESTEAD, FL 33033</b>
--	--

**DO NOT WRITE IN THIS SPACE**



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1159035</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RINCN, VIRGINIO  
 29713 S.W. 158TH CT  
 HOMESTEAD, FL 33033**

**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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RINCON, VIRGINIO 29713 S.W. 158TH CT HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000114813  
 04/15/04-80066-015 150.00

**DO NOT WRITE IN THIS SPACE**

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 Date: 4-12-04 Daytime Phone #: (305) 248-4501 (786) 229-6079