

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000112330

1. Entity Name  
V.I.R.R. CONSTRUCTION, INC.



Principal Place of Business  
29713 S.W. 158TH CT  
HOMESTEAD, FL 33033

Mailing Address  
29713 S.W. 158TH CT  
HOMESTEAD, FL 33033

**FILED**

08 SEP 24 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1159035

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RINCIN, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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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800136304318  
09/24/08--01024--019 \*\*163.75

**DO NOT WRITE  
IN THIS SPACE**

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: Virginia Rincon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/07/08 786 2296979  
Date Daytime Phone #