2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 14, 2006 08:00 AM DOCUMENT # P02000006998 **Secretary of State** 1. Entity Name C.V.G. BUILDERS CORP. Principal Place of Business Mailing Address 13770 S.W. 38 STREET MIAMI FL 33175 13770 S.W. 38 STREET MIAMI FL 33175 2. Principal Place of Business 3. Marling Address Suite, Apt. it, etc. Suite, Apt. #, etc CR2E034 (10/05) 1st MOORE City & State City & State 4. FE) Number Applied For 75-2970343 Not Applical Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, CARLOS E Street Address (P.O. Box Number is Not Acceptable) 13770 S.W. 38 STREET MIAMI FL 33175 Zip Code City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ A □ TITLE ☐ Delete TITLE GARCIA, CARLOS E NAME NAME STREET ADDRESS 13770 S.W. 38 STREET STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP MIAMI FL 33175 A. STD Defete Change TITLE TITLE 000000467038 NAME GARCIA, VANESSA NAME 03/23/06-80036-002 150.00 STREET ADDRESS STREET ADDRESS 13770 S.W. 38 STREET CITY-ST-ZIP MIAMI FL 33175 CHY-ST-ZIP ☐ Change MLE Detete 7173 E NAME NAME STREE LADORESS STREE (AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DDF ☐ Change □ Mode NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change DA. ☐ Defete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$7-71P CITY-ST-702 Dist ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

FILED

2/20/06 (307) (13-134