2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P02000032712 G.V. BUILDERS, INC. Principal Place of Business Mailing Address 13220 SW 95 AVE 13220 SW 95 AVE MIAMI, FL 33176 MIAMI, FL 33176 02122007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3630141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIDAURRETA, GUILLERMO DO NOT WRITE 13220 SW 95 AVE MIAMI, FL 33176 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE VIDAURETTA, GUILLERMO STREET ADDRESS 13220 SW 95 AVE MIAMI, FL 33176 CHY-ST-ZIP U00000709325 04/24/07-80149-023 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

ith this filing boes not quarry for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information t is true and accurate apprihat my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental reports. of the corporation or the receiver or trustal empor changed, or on an attachment with an address w

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAI E OF SIGNING OFFICER OR DIRECTOR