
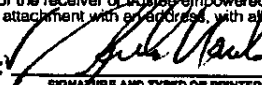
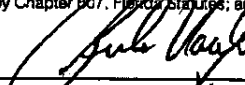


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-16-2004 90064 033 ***150.00

DOCUMENT # P03000034165 1. Entity Name VARELA CONST., CORP.					
Principal Place of Business 7964 NW 163 TERR. MIAMI LAKES, FL 33016			Mailing Address 7964 NW 163 TERR. MIAMI LAKES, FL 33016		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <div style="font-size: 1.5em; font-family: monospace;">90-0063211</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04022004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent VARELA, JULIO 7964 NW 163 TERR. MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VARELA, JULIO 7964 NW 163 TERR. MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARELA, JULIO 7964 NW 163 TERR. MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a reference, with all other like empowered.					
SIGNATURE: 			Date: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 4613104		

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line.

▶ Keep a copy for your records.

EIN

90-0063211

OMB No. 1545-0003

TYPE OR PRINT CLEARLY	1 Legal name of entity (or individual) for whom the EIN is being requested Varela Const. Corp.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, 'care of' name
	4a Mailing address (room, apartment, suite number, and street, or P.O. box) 7964 NW 163 Terrace		5a Street address (if different) (do not enter a P.O. box) 7964 NW 163 Terrace
	4b City State ZIP Code Miami Lakes FL 33016		5b City State ZIP Code Miami Lakes FL 33016
	6 County and state where principal business is located Miami Dade-FL		
	7a Name of principal officer, general partner, grantor, owner, or trustee Julio Varela		7b SSN, ITIN, or EIN 439-92-1059
	8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		
	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶		
	8b If a corporation, name the state or foreign country (if applicable) where incorporated State FLORIDA Foreign country		
	9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ 04-01-03 Const co. <input type="checkbox"/> Hired employees (check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
10 Date business started or acquired (month, day, year) 04/01/03		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ Unknown			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter '0'. Agricultural 0 Household 0 Other 0			
14 Check one box that best describes the principal activity of your business. <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify)			
15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided. Construction management company			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If 'Yes,' please complete lines 16b and 16c.			
16b If you checked 'Yes' on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Jorge H. Jordan, C.P.A.		
	Designee's telephone number (include area code) (305) 823-7579		
	Designee's fax number (include area code) (305) 828-6585		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) Julio Varela			
Signature ▶		Applicant's telephone number (include area code) (786) 229-6977	
Date ▶ 03/31/03		Applicant's fax number (include area code) (305) 231-9280	