## 2006 FOR PROFIT CORPORATION . ANNUAL REPORT

## Feb 27, 2006 08:00 AM **Secretary of State** DOCUMENT # P03000079799 **NVS CONSTRUCTION CORPORATION** Principal Place of Business Mailing Address 2510 SW 128TH CT 2510 SW 128TH CT MIAMI, FL 33175 MIAMI, FL 33175 (P03000079799P) 02212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 02-0699763 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent VEGAS, NELSON DO NOT WRITE 2510 SW 128TH CT MIAMI, FL 33175 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 Symptoms, speed or printed name of registered argent and hite if approaches. PROTE: Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVTS TITLE VEGAS, NELSON R HAME STREET ADDRESS 2510 SW 128TH CT CITY-SI-ZIP MIAMI, FL 33175 TASKS 000000450220 03/09/06-80085-010 150.00 STREET ADDRESS City-St-2P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP тає IN THIS SPACE NAME STREET ADDRESS C/1Y-57-ZIP

12. I hereby certify that the information supplied with this filling 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 trigitize 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 dispowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-DP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

ATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2-21-06

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