## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000140735**

1. Entity Name

V V SPECIALTY BUILDERS CORPORATION



FILED Apr 28, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7762 JUNIPER STREET MIRAMAR, FL 33023

SIGNATURE:

7762 JUNIPER STREET MIRAMAR, FL 33023



DO NOT WRITE IN THIS SPACE

02172006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0439272

Applied For Not Applicable

5. Certificate of Status Desired

04-23-06

Daytime Phone if

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIBERTY BUSINESS SERVICES, INC. 8202 NW 103RD STREET HIALEAH GARDENS, FL 33016

## DO NOT WRITE IN THIS SPACE

|   |  |   | IN THIS GIAGE                 |   |   |
|---|--|---|-------------------------------|---|---|
| 8. The above the obligat  | named entity submits this statement for the prions of registered agent.  | ourpose of changing its registered off  | ice or r                      | egistered agent, or bo  | th, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE.  | Signature, typed or printed name of registered agent and title   | fi applicable. (NOTE: Registered Agen   | nutarrgla.                    | (gritstating) energy borluper   | DATE  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |  | Election Campaign Financing     Trust Fund Contribution.  | <u></u>                       | \$5.00 May Be<br>Added to Fees  |   |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | OFFICERS AND DIRECT PD VANEGAS, VICENTE 7762 JUNIPER STREET MIRAMAR, FL 33023  | CTORS   |                               |   | UDDO08542541  |
| TITLE NAME STREET ADDRESS CTTY-ST-ZIP                                 |  |   |                               |   | 000000542541<br>05/10/06-80102-012 150.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                               | DO  | NOT WRITE   |
| TITLE<br>NAME<br>SCHEET ADDRESS<br>CHY-ST-ZIP                         |  |   |                               | IN <sup>-</sup>   | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                               |   |   |
| TITLE NAME STREET AUDINESS CITY-ST-ZIP                                |  |   |                               |   |   |
| 12. I hereby a<br>Indicated<br>of the cor<br>changed                  | certify that the information supplied with this fi<br>on this report or supplemental report is true a<br>poration or the receiver or troptee empowered,<br>or on an attachment with an address, with all | ting does not qualify for the exemption accurate and that my signature is to execute this report as required to other like empowered. | ons con<br>hall har<br>y Chap | ntained in Chapter 119<br>re the same legal effor<br>ter 607, Florida Statute | <ol> <li>Florida Statutes. I further certify that the information<br/>of as if made under oath; that I am an officer or director<br/>as; and that my name appears in Block 10 or Block 11 if</li> </ol> |