

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90002 026 \*\*\*550.00

DOCUMENT # P03000157362  
 1. Entity Name  
 SV WIRE LATHING, INC.



Principal Place of Business  
 2492 VICTOR RD.  
 COCOA, FL 32926

Mailing Address  
 2492 VICTOR RD.  
 COCOA, FL 32926

00021225



2. Principal Place of Business  
 2497 Victor Rd.  
 Suite, Apt. #, etc.

3. Mailing Address  
 2497 Victor Rd.  
 Suite, Apt. #, etc.

06062006 Chg-P CR2E034 (11/05)

City & State  
 Cocoa FL 32926

City & State  
 Cocoa FL

Zip  
 32926

Country  
 USA

Zip  
 32926

Country  
 USA

4. FEI Number  
 43-2036873

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VASQUEZ, SAUL A  
 2492 VICTOR RD.  
 COCOA, FL 32926

7. Name and Address of New Registered Agent  
 Name  
 Vasquez, Saul A  
 Street Address (P.O. Box Number is Not Acceptable)  
 2497 Victor Rd.  
 City  
 Cocoa FL Zip Code  
 32926

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 DATE 6-6-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$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	D VASQUEZ, SAUL A 2492 VICTOR RD. COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vasquez, Saul A. 2497 Victor Rd. Cocoa FL 32926 <input checked="" 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
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
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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

12. I hereby certify that the information supplied with this filing 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 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 an address, with all other like empowered.

SIGNATURE: DATE 6-6-06 DAYTIME PHONE # 321-863-5923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR