


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90032 039 ***150.00

DOCUMENT # P05000072295 1. Entity Name W.R. CONSTRUCTION SPECIALISTS, INC.					
Principal Place of Business 12637 BELROSE AVE ORLANDO, FL 32837			Mailing Address 12637 BELROSE AVE ORLANDO, FL 32837		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20 285 82 45	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TIRANDES, HEITOR 12637 BELROSE AVE ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE: <i>Milton R. Machado</i> (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P TIRANDES, HEITOR 12637 BELROSE AVE ORLANDO, FL 32837			TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP V MACHADO, MILTON P 12637 BELROSE AVE ORLANDO, FL 32837			TITLE NAME STREET ADDRESS CITY ST ZIP <input checked="" type="checkbox"/> Delete		
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: <i>Milton R. Machado</i> 02. 06. 06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					