


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000009060		
1. Entity Name VERA BUILDERS ENTERPRISES, INC.		
Principal Place of Business 499 W 23ST HIALEAH, FL 33013 US	Mailing Address 499 W 23ST HIALEAH, FL 33013 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VERA, CLEMENTE 499 W 23 ST HIALEAH, FL 33010		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERA, CLEMENTE 2911 E 9 AVE HIALEAH, FL 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ENZA, VERA 2911 E 9 AVE HIALEAH, FL 33013	
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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>(Clemente Vera)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/6/06 (305) 888-1080 <small>Date Daytime Phone #</small>



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0642020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/20/06-80022-003 150.00

**DO NOT WRITE
IN THIS SPACE**