2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052019

Entity Name: V & V ASSOCIATES OF MIAMI, INC.

FILED Apr 01, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

10195 SW 137TH PLACE 4848 WHISPERING OAKS DRIVE

MIAMI, FL 33186 NORTHPORT, FL 34287

Current Mailing Address: New Mailing Address:

10195 SW 137TH PLACE 4848 WHISPERING OAKS DRIVE

MIAMI, FL 33186 NORTHPORT, FL 34287

FEI Number: 65-0838852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 IGLESIAS, ADOLFO E
 IGLESIAS, ADOLFO E

 12010 SW 97TH STREET
 13501 SW 128TH STREET

 MIAMI, FL 331862606 US
 SUITE 208

MIAMI, FL 331862606 US SUITE 208
MIAMI, FL 331862606 US

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.

SIGNATURE: ADOLFO E. IGLESIAS 04/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:HERNANDEZ, VICTOR MName:HERNANDEZ, VICTOR MAddress:10195 SW 137TH PLACEAddress:4848 WHISPERING OAKS DRIVE

City-St-Zip: MIAMI, FL 33186 City-St-Zip: NORTHPORT, FL 34287

Title: Title: (X) Change () Addition () Delete HERNANDEZ, VIRGINIA M Name: Name: HERNANDEZ, VIRGINIA M 10195 SW 137TH PLACE Address: 4848 WHISPERING OAKS DRIVE Address: NORTHPORT, FL 34287 MIAMI, FL 33186 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR M. HERNANDEZ P 04/01/2005