


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90084 019 ***150.00

DOCUMENT # P99000102700 1. Entity Name V & R CONSTRUCTION OF MIAMI, INC.					
Principal Place of Business 6101 NW 114 COURT # 125 MIAMI, FL 33178			Mailing Address 6101 NW 114 COURT # 125 MIAMI, FL 33178		
2. Principal Place of Business 11531 NW 76 ST.		3. Mailing Address 11531 NW 76 ST.		% F 5 5 , , , - , . 3 , , F & 04272005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State MIAMI, FL.			
Zip 33178		Country DADE		4. FEI Number 65-0962985	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TROCHEZ, JOSE RICARDO 904 SE 12 COURT APT #4 FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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, print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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	PD TROCHEZ, JOSE RICARDO 904 12 COURT APT #4 FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TROCHEZ, VICTOR HUGO 6101 NW 114TH COURT, #125 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TROCHEZ, VICTOR HUGO 11531 NW 76 ST. MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 attached statement of address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04/27/05 Daytime Phone # _____		