
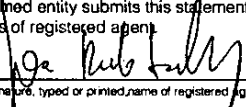
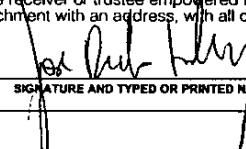


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90311 027 \*\*\*150.00

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| <b>DOCUMENT # P99000102700</b><br>1. Entity Name<br><b>V &amp; R CONSTRUCTION OF MIAMI, INC.</b>   |   |   |   |   |   |
| Principal Place of Business<br><b>11531 NW 76 ST<br/>MIAMI, FL 33178</b>   |   |   | Mailing Address<br><b>11531 NW 76 ST<br/>MIAMI, FL 33178</b>  |  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |
| City & State   |   |   | City & State  |  |   |
| Zip  |   | Country   |   | 4. FEI Number<br><b>65-0962985</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>TROCHEZ, JOSE RICARDO<br/>904 SE 12 COURT APT #4<br/>FORT LAUDERDALE, FL 33316</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Trochez, Jose Ricardo</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11531 NW 76 ST</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b> |   |
| 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.<br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>TROCHEZ, JOSE RICARDO<br>904 12 COURT APT #4<br>FORT LAUDERDALE, FL 33316 | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President<br>Trochez, Jose Ricardo<br>11531 NW 76 ST<br>Miami, FL 33178 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>TROCHEZ, VICTOR HUGO<br>11531 NW 76 ST<br>MIAMI, FL 33178                | <input type="checkbox"/> Delete                                   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <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. |   |   |   |  |   |
| <b>SIGNATURE:</b>   |   |   |   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date _____ Daytime Phone # _____  |  |   |

**60024948**



03312006 Chg-P CR2E034 (11/05)