2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000102700

V & R CONSTRUCTION OF MIAMI, INC.



Principal Place of Business

Mailing Address

11531 NW 76 ST MIAMI, FL 33178 11531 NW 76 ST MIAMI, FL. 33178

FILED Jul 31, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07282008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0962985 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

TROCHEZ, JOSE RICARDO 11531 NW 76 ST MIAMI, FL 33178

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the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida - Lam familiar with, and accept U00000956810 07/31/08-80005-022 - 150 . 00
SIGNATURE_	Signature, typed or printed iran e of registered agent and titl	le if applicable (NOTE, Register	ed Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	ECTORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	P TROCHEZ, JOSE RICARDO 11531 NW 76 ST MIAMI, FL 33178 VPD TROCHEZ, VICTOR HUGO 11531 NW 76 ST MIAMI, FL 33178				
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WRITE THIS SPACE

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> nu SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR