

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000106353

1. Entity Name
V & C MACHADO ESCAVATION SERVICES INC.



Principal Place of Business

3420 NW 95 TER
MIAMI, FL 33147

Mailing Address

3420 NW 95 TER
MIAMI, FL 33147

FILED
Apr 28, 2005 08:00 AM
Secretary of State



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0984177

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACHADO, VICTOR
3420 NW 95 TER
MIAMI, FL 33147

**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

Victor Machado

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MACHADO, VICTOR
STREET ADDRESS 3420 NW 95 TER
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME MACHADO, CLAUDIA
STREET ADDRESS 3420 NW 95 TER
CITY-ST-ZIP MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000337550
04/28/05-80005-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

Victor Machado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #