

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000106353

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



FILED
Apr 04, 2007 08:00 AM
Secretary of State

Principal Place of Business
**3420 NW 95 TER
MIAMI, FL 33147**

Mailing Address
**3420 NW 95 TER
MIAMI, FL 33147**



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984177	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

000001063513
04/10/07-80087-013 150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, VICTOR 3420 NW 95 TER MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, CLAUDIA 3420 NW 95 TER MIAMI, FL 33147
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Victor Machado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #