


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000041361 1. Entity Name VIZCAYA QUALITY CLEANERS, INC.	
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Principal Place of Business 871 N. NOB HILL RD PLANTATION, FL 33324 US	Mailing Address 871 N NOB HILL RD PLANTATION, FL 33324 US
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DO NOT WRITE IN THIS SPACE



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0674946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN
33 GABLES BLVD
FORT LAUDERDALE, FL 33326

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, JUAN A 33 GABLES BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ-RODRIGUEZ, NAYDA I 33 GABLES BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, JUAN C 33 GABLES BLVD FORT LAUDERDALE, FL 33326
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04/05/04-80031-005 150.00

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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:  **4/07/04** **954-236-3336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #