


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000041361

1. Entity Name
VIZCAYA QUALITY CLEANERS, INC.



Principal Place of Business Mailing Address
871 N. NOB HILL RD **871 N NOB HILL RD**
PLANTATION, FL 33324 US **PLANTATION, FL 33324 US**

DO NOT WRITE IN THIS SPACE



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0674946 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN
33 GABLES BLVD
FORT LAUDERDALE, FL 33326

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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 _____ DATE _____
Signature, typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	RODRIGUEZ, JUAN A
STREET ADDRESS	33 GABLES BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	GONZALEZ-RODRIGUEZ, NAYDA I
STREET ADDRESS	33 GABLES BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	RODRIGUEZ, JUAN C
STREET ADDRESS	33 GABLES BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	D
NAME	RODRIGUEZ, JUAN L
STREET ADDRESS	33 GABLES BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/15/07-80027-003 150.00

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: _____ Date: **2/04/07** Daytime Phone: **954-236-3324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR