


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 248362  
 1. Entity Name  
 VISCAYA CORPORATION



Principal Place of Business: 1800 OLD OKEECHOBEE RD SUITE 202 WEST PALM BEACH, FL 33409  
 Mailing Address: PO BOX 17918 WEST PALM BEACH, FL 33416

**DO NOT WRITE IN THIS SPACE**



03072005 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 59-0975729 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BYRD, WADE R  
 340 ROYAL PALM WAY  
 PALM BEACH, FL 33480

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	PD
NAME	FARINAS, HERMINIA
STREET ADDRESS	314 ROYAL POINCIANA PL
CITY - ST - ZIP	PALM BEACH, FL
TITLE	V
NAME	VILAR, ERNESTO A.
STREET ADDRESS	314 ROYAL POINCIANA PL
CITY - ST - ZIP	PALM BEACH, FL
TITLE	D
NAME	PEREZ-STABLE, A.
STREET ADDRESS	316 ROYAL POINCIANA PL
CITY - ST - ZIP	PALM BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

00000259242  
 03/11/05-80017-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all addresses with all other like employment.  
 SIGNATURE: Ernesto A. Vilar Date: 3/9/05 (561) 471-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #