2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State
04-30-2008 90167 043 ***150.00

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1. Entity Name
VISCAYA CORPORATION

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

66012960

04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
350 ROYAL PALM WAY
PALM BEACH, FL 33480

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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 _____
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, 2008 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	1800 OLD OKEECHOBEE RD., #202
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	V
NAME	VILAR, ERNESTO A.
STREET ADDRESS	1800 OLD OKWWCHOBEE RD., #202
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	PEREZ-STABLE, A.
STREET ADDRESS	1800 OLD OKEECHOBEE RD,, #202
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 5/28/08 561-471-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #