

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718075

FILED
Mar 21, 2007
Secretary of State

Entity Name: THE VIZCAYANS, INC.

Current Principal Place of Business:

3251 S MIAMI AVENUE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

3251 S MIAMI AVENUE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-0908711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, ANNETTE M EXEC DI
3251 S. MIAMI AVE.
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHY, JAMES W
Address: 2843 S. BAYSHORE DRIVE #3E
City-St-Zip: MIAMI, FL 33133

Title: VPD () Delete
Name: QUINTERO, NORMA
Address: 1221 N.W. 165 STREET
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: KENNY, DAVID H
Address: 5100 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: WEISBERG, ALAN
Address: 1401 BRICKELL AVENUE #800
City-St-Zip: MIAMI, FL 33129

Title: VPD (X) Delete
Name: PEEBLES, KATRINA
Address: 550 BILTMORE WAY SUITE 970
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Delete
Name: SEPLER, DIANE S
Address: 1581 BRICKELL AVE #T-204
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUINTERO, NORMA A
Address: 1221 NW 165 STREET
City-St-Zip: MIAMI, FL 33169

Title: VPD (X) Change () Addition
Name: SULZBERGER, GENE
Address: 1550 BRICKELL AVENUE, APT 204-B
City-St-Zip: MIAMI, FL 33129

Title: TD (X) Change () Addition
Name: JONES, WILLIAM W
Address: 470 NE 51 STREET
City-St-Zip: MIAMI, FL 33137

Title: SD (X) Change () Addition
Name: GIBSON, SONIA
Address: 3473 SW 3 AVENUE
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE MAYER DIAZ

ED

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date