	. EL ODIDA DEDADTMENT OF STATE						7 7				
· APPLICATION			FLORIDA DEPARTMENT OF STATE								
FOR			Secretary of State					FILED			
REINSTA	TATEMENT DIVISION OF CORPORATI			TIONS		FILED SECRETARY OF STATE DIVISION OF COSPORATIONS					
DOCUMENT # P02000105951 1. Corporation Name				.,				05 MAY 1.7 AM 8: 51			
•											
Vizcaiiio i	Equity Holdings, Inc.						_	THE REPORT OF THE PARTY OF THE			
								ENSTATEMENT C3-05			
Principal Place of Business			Mailing Address					15311			
							3. Date Incorporated or Qualified 3a. Date of Last Report				
								5/17/2005 N/A			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For			
21 2801 NE 183ST 509W			26					applied for Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					= \$8.75 Additional			
22			27					5. Certificate of Status Desired Fee Required			
City & State			City & State					6. Election Campaign Financing \$5.00 May Be			
23 Aventura FL		28	28					Trust Fund Contribution Added to Fees			
Zip	County	Zip		County				8. This corporation has liability for intangible tax under			
33160	25	29		30	1			s. 199.032, Florida Statutes Yes No			
9. N	ame and Address of Current Re	gistere	d Agent		-	Name	10. N	Name and Address of New Registered Agent			
					81	Donald S. V	/izcai	zcaino			
•				82	Street Addres	sss (P.O. Box Number is Not Acceptable)					
						2801 NE 18	3ST 509W				
l					83						
					84	City Aventura		FL 85   Zip Code   33160			
11. Pursuant to the	provisions of Sections 607.1508.	Florida	Statutes, the abo	ve-nam	ed co	ornoration sub	mits tl	his statement for the purpose of changing its registered office or			
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this state for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors hereby accept the appointment as registered agent.											
am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	ature, typed or printed name of registered age	nt and tit						c required her reinstating) DATE			
12.	OFFICERS AND DIREC	CTORS		13.		r	IONS	S/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME	DIRECTOR/PRESIDENT Donald S. Vizcaino	_				Change Addition					
STREET ADDRESS	2801 NE 183ST 509W	157			REET ADDRESS						
CITY-ST-ZIP	Aventura FL 33160			1.4 C	TY-S	T-ZIP					
TITLE	DIRECTOR/Secretary		DELETE	2.1 Ti	TLE			Change Addition			
NAME	Sharon A. Vizcaino 2801 NE 183ST 509W			2.2 N			700055191557				
STREET ADDRESS CITY-ST-ZIP	Aventura FL 33160			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				05/24/0501050016 **450.00			
TITLE	DIRECTOR/Treasurer		DELETE	3.1 T			<del></del>	Change Addition			
NAME	David L. Vizcaino			3.2 N							
STREET ADDRESS	A				ET ADDRESS						
CITY-ST-ZIP			3.4 CITY-ST-ZIP				Change Addition				
NAME	DIRECTOR/VICE PRESIDENT Genevieve Rupelli		Derete	DELETE 4.1 TIT				Change Mudition			
STREET ADDRESS	2801 NE 183ST 509W			ET ADDRESS							
CITY-ST-ZIP	Aventura FL 33160	7.7 61			TY-	ST-ZIP					
TITLE			DELETE	ELETE 5.1 TITLE 5.2 NAME				ChangeAddition			
NAME STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP				1		ST-ZIP					
TITLE			DELETE	6.1 T	TLE			Change Addition			
NAME	· · ·			1							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST-ZIP					
14 I do hereby cert	ify that the information supplied v	vith thi	s filing does not	nualify f	or th	e exemption s	tated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the			
information indicated on this annual apport or supplemental annual 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 12	or Block 13, or on Hachment wi	th an a	ddress.					-1.0/4			
SIGNATURE Donald S. Vizcain by T. Baez as attorney-in-fact  SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Description of Date  D											
	Carried and a responsive for	.,						- 17			

Florida Department of State **Division of Corporations** 409 East Gaines Street Tallahassee, FL 32399

## Re: Vizcaino Equity Holdings, Inc.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 450.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003 and 2004	4		
	<u> </u>		
Please waive the late	e filing fee and treat th	e company as never	being administratively

dissolved. Thank you.

by T. Baczas attorney-in-fact
Name: Donald S) Vizcaino

Date:

5/18/05