2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000050459

1. Entity Name

VIZCAYA DEVELOPERS, INC



FILED Mar 22, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

3398 SW 98TH AVE. MIAMI, FL 33165 3398 SW 98TH AVE. MIAMI, FL 33165



DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

4. FEI Number Appli

76-0788714

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIONG, EDIER 3398 SW 98TH AVE. MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

1010 XIVII, 1 L				in 1	THIS SPACE
	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS CHIONG, EDIER 3398 SW 98TH AVE. MIAMI, FL 33165				V00000675297
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			03/30/07-800ĭ3-009 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				·	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

3-14-07

305 979-526

Date

Daytime Phone #