## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2007 08:00 A Secretary of State **DOCUMENT # P94000015788** VIZCAYA AFFORDABLE CORP. Principal Place of Business Mailing Address 168 HIALEAH DR. 168 HIALEAH DR. HIALEAH, FL 33010 HIALEAH, FL 33010 CR2E034 (11/05) 04262007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0486713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWEZY, LEWIS V DO NOT WRITE 5709 NW 158 ST BLDG 46 IN THIS SPACE MIAMI LAKES, FL 33014 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SWEZY, LEWIS V 5709 NW 158 ST STREET ADDRESS CITY-ST-ZIP MIAMI LAKE, FL 33014 000000752281 05/21/07-80009-024 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 suppliemental 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MING OFFICER OR DIRECTOR

**FILED**