

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # S38021		
1. Entity Name VIZCAYA LANDSURVEYOR INC.		

Principal Place of Business 13217 SW 46 LN MIAMI FL 33175-1382 US	Mailing Address 13217 SW 46 LN MIAMI FL 33175-1382 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ALVAREZ, JORGE 15390 SW 157TH TERR MIAMI FL 33187	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

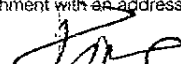
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GONZALEZ, RAMON E.			NAME			
STREET ADDRESS	13217 SW 46 LN			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175-1382			CITY-ST-ZIP			
TITLE	VD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GONZALEZ, RMIRTHA B.			NAME			
STREET ADDRESS	13217 SW 46 LN			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175-1382			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GONZALEZ, LORRAINE E.			NAME			
STREET ADDRESS	13217 SW 46 LN			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175-1382			CITY-ST-ZIP			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GONZALEZ, MIRTHA C.			NAME			
STREET ADDRESS	13217 SW 46 LN			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175-1382			CITY-ST-ZIP			
TITLE	VD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	TOIRAC, ARTURO R			NAME			
STREET ADDRESS	6423 COLLINS AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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03/11/04-80054-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  03-05-04 (305) 223-6060