

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2007 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



01142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0262240

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JORGE  
15390 SW 157TH TERR  
MIAMI, FL 33187

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000611596  
02/02/07-80063-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, RAMON E.
STREET ADDRESS	13217 SW 46 LN
CITY - ST - ZIP	MIAMI, FL 331751382
TITLE	TD
NAME	GONZALEZ, LORRAINE E.
STREET ADDRESS	13217 SW 46 LN
CITY - ST - ZIP	MIAMI, FL 331751382
TITLE	VD
NAME	TOIRAC, ARTURO R
STREET ADDRESS	6423 COLLINS AVE.
CITY - ST - ZIP	MIAMI BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:** Ramon Gonzalez (President)

01-20-07 (305) 223-6060

Date Daytime Phone #