


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M47941
 1. Entity Name
WYSSER FINANCIAL SERVICES, INC.



| | |
|---|---|
| Principal Place of Business 13140 S.W. 21 ST. MIAMI, FL 33175 | Mailing Address 13140 S.W. 21 ST. MIAMI, FL 33175 |
|---|---|

DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2781603 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

VACAS, DIONISIO F
 13140 SW 21 ST
 MIAMI, FL 33175

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VACAS, DIONISIO F. 13140 S.W. 21 ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VACAS, TERESITA 13140 S.W. 21 ST. MIAMI, FL |
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04/07/08-80018-008 150.00

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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:  **2/15/2008** **227-2735**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #