

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90032 031 \*\*\*158.75

**DOCUMENT # P01000023651**

1. Entity Name  
**WILLINTON CORP**



Principal Place of Business  
**85 GRAND CANAL DR., #106  
MIAMI, FL 33144**

Mailing Address  
**85 GRAND CANAL DR., #106  
MIAMI, FL 33144**

**50056820**



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1106552**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**VILLALBA, JOSE S  
85 GRAND CANAL DR., #106  
MIAMI, FL 33144**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME VILLALBA, JOSE S  
STREET ADDRESS 85 GRAND CANAL DR., #106  
CITY-ST-ZIP MIAMI, FL 33144

TITLE TD  
NAME REDONDO, VERA JUDITH  
STREET ADDRESS 85 GRAND CANAL DR., #106  
CITY-ST-ZIP MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X Jose S Villalba*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*07/19/05*

Date

*(305) 244-4647*

Daytime Phone #

ATTACHMENT  
500.56820

**July 19, 2005**

Department of State  
Division of Corporation.  
P.O.BOX 6327  
Tallahassee, Fl. 32314

**SUBJECT 2,005, ANNUAL REPORT**  
**WILLINTON CORP**  
**Document # P01000023651**

We would like to inform the Department of Corporation that we have not received in time the **ANNUAL REPORT NOTICE** to update our corporation for the years 2,005. The new address is **85 Grand Canal Dr # 106, Miami Fl 33144**

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant question us about it and advise to explain as soon as posible the missing documents 2,005 Annual Report) .

We need your support and understanding. Thanks

Sincerely;

