

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111979

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: INVERSIONES WILLDEL & ASOCIADOS, INC.

**Current Principal Place of Business:**

5605 NW 109TH AVENUE NUMBER 76  
DORAL, FL 33178

**New Principal Place of Business:**

8250 NW 58 ST  
DORAL, FL 33166

**Current Mailing Address:**

5605 NW 109TH AVENUE NUMBER 76  
DORAL, FL 33178

**New Mailing Address:**

8250 NW 58 ST.  
DORAL, FL 33166

FEI Number: 20-5462493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELGADO, WILLIAM A  
5605 NW 109TH AVE NUMBER 76  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

DELGADO, WILLIAM A  
11321 NW 46 LN.  
DORAL, FL 33178 US

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.

SIGNATURE: WILLIAM DELGADO

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DELGADO, WILLIAM A  
Address: 5605 NW 109TH AVENUE NUMBER 76  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: DELGADO, NANCY C  
Address: 5605 NW 109TH AVENUE NUMBER 76  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DELGADO, WILLIAM A  
Address: 11321 NW 46 LN.  
City-St-Zip: DORAL, FL 33178

Title: D (X) Change ( ) Addition  
Name: DELGADO, NANCY C  
Address: 11321 NW 46 LN.  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM DELGADO

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date