


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90299 019 ***150.00

DOCUMENT # P98000059601
 1. Entity Name
WILMER ENTERPRISES, INC.



14012449

Principal Place of Business Mailing Address
2221 SW 25 STREET **2221 SW 25 STREET**
MIAMI, FL 33133 **MIAMI, FL 33133**



2. Principal Place of Business, Suite, Apt. #, etc. 3. Mailing Address
 Suite, Apt. #, etc. **782 NW Le Jeune Road**
Suite 629
 City & State City & State
Miami, Fl.
 Zip Country Zip Country
33126-5547 **MIAMI-DADE**

04132004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0848441 Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALEZ, WIFREDO
2221 SW 25 STREET
MIAMI, FL 33133

7. Name and Address of New Registered Agent
 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

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 NAME STREET ADDRESS CITY-ST-ZIP	PT GONZALEZ, WIFREDO 2221 SW 25 STREET MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Wifredo Gonzalez* **Wifredo Gonzalez** **4/13/04** **(305) 858-0878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #