

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 240896

**FILED**  
**Mar 14, 2015**  
**Secretary of State**  
**CC8584305636**

**Entity Name:** WILJAC MANAGEMENT, INC.

**Current Principal Place of Business:**

522 SAN ESTEBAN AVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

522 SAN ESTEBAN AVENUE  
CORAL GABLES, FL 33146 US

**FEI Number:** 59-0945330

**Certificate of Status Desired:** No

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

TALAMAS, JOHN  
522 SAN ESTEBAN AVE  
CORAL GABLES, FL 33146 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TALAMAS, JOHN  
Address 522 SAN ESTEBAN AVE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name TALAMAS, MARITZA  
Address 522 SAN ESTEBAN AVENUE  
City-State-Zip: CORAL GABLES FL

Title D  
Name TALAMAS, JAMES  
Address 522 SAN ESTEBAN AVE  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN TALAMAS

**PRESIDENT**

**03/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date