

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002527

Entity Name: WILJO VENTURES, LTD. CORP.**Current Principal Place of Business:**HUNKINS WATERFRONT PLAZA
SUITE 556
CHARLESTOWN, NEVIS, XX**Current Mailing Address:**4901 VINELAND ROAD
SUITE 270
ORLANDO, FL 32811**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEMAGO INVESTMENT, INC.
4901 VINELAND RD.
STE. 270
ORLANDO, FL 32811 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 C
Name MILAGROS CLAVIER, MARIA
Address AVENIDA SUR 4, RES LA VISTA, PISO 4, APTO. 42A
City-State-Zip: LOS NARANJOS, CARACAS 1061 VE XX

Title VCP
Name CLAVIER, CHRISTIAN
Address AVENIDA ESTE 3, RES. LA PRADERA, APTO. 4A
City-State-Zip: LOS NARANJOS DEL CAGETAL XX

Title T
Name CLAVIER, VILMA ISABEL
Address AV. PRLONGACION SUR, RES. LA VISTA APT PHA
City-State-Zip: LOS NARANJOS, CARACAS, VENEZUE XX

Title VPD
Name CLAVIER, JOSE
Address AVENIDA SUR 4, RES LA VISTA, PISO 4, APTO. 42A
City-State-Zip: LOS NARANJOS, CARACAS 1061 VE XX

Title SD
Name CLAVIER, RODOLFO
Address AVENIDA NORTE 5, RES. REGENCY PLAZA, APTO 62
City-State-Zip: LOS NARANJOS, CARACAS 1061 VE XX

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: JOSE CLAVIER

VPD

02/12/2018

Electronic Signature of Signing Officer/Director Detail

Date