

**2023 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:**

6735 CONROY RD  
STE 305  
ORLANDO, FL 32835 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SEMAGO INVESTMENT, INC.  
6735 CONROY RD  
STE 305  
ORLANDO, FL 32835 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 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 VCP  
Name CLAVIER, CHRISTIAN  
Address AVENIDA ESTE 3, RES. LA PRADERA, APTO. 4A  
City-State-Zip: LOS NARANJOS DEL CAGETAL XX

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

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

02/15/2023

Electronic Signature of Signing Officer/Director Detail

Date