

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90019 027 \*\*\*150.00

**DOCUMENT # 358125**  
 1. Entity Name  
 THE WILLISTON HIGHLANDS DEVELOPMENT CORP.



Principal Place of Business  
 2601 BISCAYNE BOULEVARD  
 POST OFFICE DRAWER 370308  
 MIAMI, FL 33137

Mailing Address  
 2601 BISCAYNE BOULEVARD  
 POST OFFICE DRAWER 370308  
 MIAMI, FL 33137

60043424



2. Principal Place of Business - No P.O. Box #  
 2601 BISCAYNE BLVD.

3. Mailing Address  
 2601 BISCAYNE BLVD.

Suite, Apt. #, etc.

04302008 Chg-P CR2E034 (12/06)

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

Zip  
 33137

Country  
 USA

Zip  
 33137

Country  
 USA

4. FEI Number  
 59-1280341

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANTONIO  
 2601 BISCAYNE BLVD.  
 MIAMI, FL 33137

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE STD NAME GOLDSTEIN, MICHELLE STREET ADDRESS 2601 BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete
TITLE DP NAME MILLER, ROGER STREET ADDRESS 2601 BISCAYNE BLVD. CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE STD NAME MILLER, MICHELLE STREET ADDRESS 2601 BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/30/08 303 576-6337