2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # 387234

1. Entity Name

WILTON INTERIOR CORP.

Principal Place of Business	Mailing Address
7105 SW 47 ST., #408 MIAMI FL 33155	7105 SW 47 ST., #408 MIAMI FL 33155

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 59-1360249	Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEDRO P. DELGADO, CPA 1320 SOUTH DIXIE HIGHWAY SUITE 220 CORAL GALBES FL 33146	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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VALCARCEL, WILTON		NAME	U0000232045	
STREET ADDRESS	5810 SW 93RD PLACE		STREET ADDRESS	02/16/05-80059-012 158.75	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VALCARCEL, LETICIA		NAME		
STREET ADDRESS	5810 SW 93RD PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #