

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 395677

1. Entity Name

WILSON INTERNATIONAL SERVICES, INC.



Principal Place of Business

**4919 SW 75 AVE
PO BOX 882 RIVERSIDE STATION
MIAMI FL 33141**

Mailing Address

**4919 SW 75 AVE
PO BOX 882 RIVERSIDE STATION
MIAMI FL 33135
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-1398814

Applied For

Not Applicable

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

**BLANCO, DANIEL
5220 SW 72 AVE
MIAMI FL 33155**

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BLANCO, DANIEL**
CITY-STATE-ZIP **5220 SW 72 AVE**
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000889428**
CITY-STATE-ZIP **04/22/08-80051-015 150.00**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BOLANOS, ESTELA**
CITY-STATE-ZIP **7300 KENNEDY BLVD.**
N. BELGUEN NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **BLANCO, DIGNA**
CITY-STATE-ZIP **5220 SW 72 AVE**
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] **DANIEL BLANCO**

3/28/08

(305) 261-1324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREL.

Date

Daytime Phone #