

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 419889

1. Entity Name
WILFRED, INC.



Principal Place of Business
**100 SPEAR ST
STE 520
SAN FRANCISCO, CA 94105 US**

Mailing Address
**100 SPEAR ST
STE 520
SAN FRANCISCO, CA 94105 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1444451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZUGMAN, DAVID B.
% HOCH, FREY AND ZUGMAN
1415 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33338**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEISSBERG, FREDERICK M
STREET ADDRESS	100 SPEAR ST STE 520
CITY-STATE-ZIP	SAN FRANCISCO, CA 94105
TITLE	S
NAME	KLECZEK, ERIKA
STREET ADDRESS	100 SPEAR ST STE 520
CITY-STATE-ZIP	SAN FRANCISCO, CA 94105
TITLE	T
NAME	WEISSBERG, FREDERICK M
STREET ADDRESS	100 SPEAR ST STE 520
CITY-STATE-ZIP	SAN FRANCISCO, CA 94105
TITLE	Director
NAME	Weissberg, William
STREET ADDRESS	100 Spear St., #520
CITY-STATE-ZIP	San Francisco, CA 94105
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Erika Kleczek

Erika Kleczek Secretary 1/14/04 415 777 0533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #