

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 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**



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1444451

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2005 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-ST-ZIP SAN FRANCISCO, CA 94105

TITLE S
NAME KLECZEK, ERIKA
STREET ADDRESS 100 SPEAR ST STE 520
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE T
NAME WEISSBERG, FREDERICK M
STREET ADDRESS 100 SPEAR ST STE 520
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE
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STREET ADDRESS
CITY-ST-ZIP

U00000216909
02/07/05-80003-019 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erika Kleczek / Secretary 1/31/05 415 777-0533

Date

Daytime Phone #