


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90084 041 ***150.00

DOCUMENT # 419889 1. Entity Name WILFRED, INC.					
Principal Place of Business 100 SPEAR ST STE 520 SAN FRANCISCO, CA 94105 US			Mailing Address 618 WALNUT ST SUITE 202 SAN CARLOS, CA 94070 US		
2. Principal Place of Business - No P.O. Box # 618 Walnut Street		3. Mailing Address Suite 202			
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 202			
City & State San Carlos, CA		City & State San Carlos, CA			
Zip 94070		Country US		Zip 94070	
Country US		Country US			
4. FEI Number 59-1444451			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEISSBERG, FREDERICK M 618 WALNUT ST., SUITE 202 SAN CARLOS, CA 94070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KLECZEK, ERIKA 618 WALNUT ST., SUITE 202 SAN CARLOS, CA 94070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEISSBERG, FREDERICK M 618 WALNUT ST., SUITE 202 SAN CARLOS, CA 94070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
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: 		1/22/07 650 594-0414			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			