2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 419889

1. Entity Name
WILFRED, INC.

Principal Place of Business	Mailing Address
618 WALNUT STREET STE 202 SAN CARLOS, CA 94070 US	618 WALNUT STREET STE 202 SAN CARLOS, CA 94070 US

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000789160
01/22/08-80015-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEISSBERG, FREDERICK M
STREET ADDRESS	618 WALNUT ST., SUITE 202
CITY-ST-ZIP	SAN CARLOS, CA 94070
TITLE	S
NAME	KLECZEK, ERIKA
STREET ADDRESS	618 WALNUT ST., SUITE 202
CITY-ST-ZIP	SAN CARLOS, CA 94070
TITLE	T
NAME	WEISSBERG, FREDERICK M
STREET ADDRESS	618 WALNUT ST., SUITE 202
CITY-ST-ZIP	SAN CARLOS, CA 94070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Erika Kleczek 1/08/07 650 594-0414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #