

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705837

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: WILTON EAST MANAGEMENT INC

**Current Principal Place of Business:**

715 N.W. 30TH COURT  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

524 NE 21 COURT  
WILTON MANORS, FL 33305

**New Mailing Address:**

FEI Number: 65-0148019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANCHEZ, DIOSDADO  
524 NE 21 COURT  
WILTON MANORS, FL 33305      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ZANA, CONSTANCE  
Address: 715 N.W. 30TH CT. APT 2  
City-St-Zip: WILTON MANORS, FL

Title: VD      ( ) Delete  
Name: TOLIN, Nanci  
Address: 1223 SW 18 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PD      ( ) Delete  
Name: SANCHEZ, JR, DIOSDADO  
Address: 524 NE 21 COURT  
City-St-Zip: WILTON MANORS, FL 33305

Title: SD      ( ) Delete  
Name: SUPRIYANTORO, DOVIE  
Address: 715 NW 30TH COURT APT5  
City-St-Zip: WILTON MANORS, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIOSDADO SANCHEZ JR

PD

06/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date