


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90002 022 ***150.00

DOCUMENT # M02653	
1. Entity Name WILKINSON EXPORT CORP.	

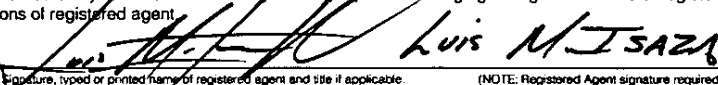
Principal Place of Business 3900 N.W. 79TH AVE. SUITE #444 MIAMI, FL 33166 US	Mailing Address P.O. BOX 6850 MIAMI, FL 33152 US
---	--

2. Principal Place of Business 6934 NW 51 STREET	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State MIAMI, FL	City & State
Zip 33166	Country DADE

6. Name and Address of Current Registered Agent ISAZA, LUIS FERNANDO 2957 NW 98 PLACE MIAMI, FL 33172	
---	--

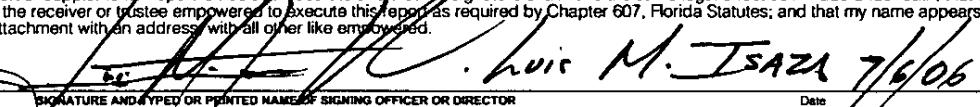
7. Name and Address of New Registered Agent Name ISAZA, LUIS FERNANDO Street Address (P.O. Box Number is Not Acceptable) 4910 N.W. 102 AVE. # 104 City MIAMI FL Zip Code 33178	
--	--

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  Luis M. ISAZA DATE JULY 7/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
---	--

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ISAZA, LUIS FERNANDO 4910 N.W. 102 AVE, APT #104 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISAZA, RITA W. 6545 N.W. 171 STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BE M/T ISAZA, LUIS MIGUEL 175 S.E. 25TH ROAD, APT #5-D MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.	
---	--

SIGNATURE:  Luis M. ISAZA DATE 7/6/06 Daytime Phone # 305 594-2147

50025029



07062006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2426381	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---