


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90001 016 ***150.00

DOCUMENT # M51611			
1. Entity Name ISIDORA WILKE, INC.			
Principal Place of Business 3143 PONCE DE LEON BLVD CORAL GABLES, FL 33134		Mailing Address 3143 PONCE DE LEON BLVD CORAL GABLES, FL 33134	
2. Principal Place of Business 3143 PONCE DE LEON BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL GABLES		City & State	
Zip 33134	Country DADE MIAMI	Zip	Country
6. Name and Address of Current Registered Agent WILKE-JANICKI, ISIDORA P. 3143 PONCE DE LEON BLVD CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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: <u>NA</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKEJANICKI, ISIDORA P.	NAME	
STREET ADDRESS	1408 S. BAYSHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKE-JANICKI, RICHARD A.	NAME	
STREET ADDRESS	1408 S. BAYSHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Isidora Wilke Janicki</u>		Date: <u>6/1/04</u> Daytime Phone #: <u>305.4485111</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

54056335



03132003 Chg-P CR2E034 (10/03)

4. FEI Number 59-2825142 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Attachment

54056335



Division of Corporations

Annual Report

Page 1

Document Number

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Business Entity Name

ISIDORA WILKE, INC.

FEI Number 592825142
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address 3143 PONCE DE LEON BLVD
Suite, Apt. #, etc.
City, State CORAL GABLES FL
Zip Code & Country 33134

Mailing Address

Address 3143 PONCE DE LEON BLVD
Suite, Apt. #, etc.
City, State CORAL GABLES FL
Zip Code & Country 33134

Name And Address of Registered Agent

Name (Last, First, Middle, Title) WILKE-JANICKI, ISIDORA, P
-or- RA Business Name ISIDORA WILKE INC.
Address 3143 PONCE DE LEON BLVD
Suite, Apt. #, etc.
City, State CORAL GABLES FL
Zip Code & Country 33134

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature ISIDORA PALLI WILKE-JANICKI

attachment

57056335

Continue

Reset

#67 81411

Start Over

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Public Access Help

Attachment

57056335



Division of Corporations

#M 51611

Agent name cannot be both personal and corporate

Please hit your browsers' BACK arrow and return to the data entry page to correct this error.



*Sorry I TRY very hard to send it
by EMAIL.*

*Thanks!
preddy*