


## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

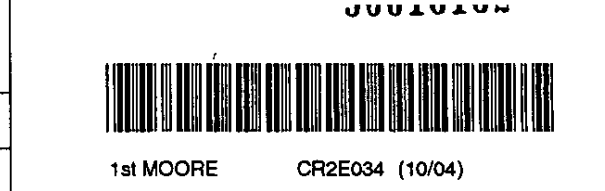
02-16-2005 90042 039 \*\*\*150.00

<b>DOCUMENT # P00000062938</b> 1. Entity Name <b>WILYER, INC.</b>	
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Principal Place of Business <b>8730 BISCAYNE BLVD. MIAMI FL 33138</b>	Mailing Address <b>PO BOX 530242 MIAMI FL 33153</b>
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2. Principal Place of Business <b>7731 NW 31 Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>7731 NW 31 Street</b> Suite, Apt. #, etc.
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City & State <b>Hollywood FLORIDA</b>	City & State <b>Hollywood FLORIDA</b>
Zip <b>33024</b>	Zip <b>33024</b>



4. FEI Number <b>65-1032248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

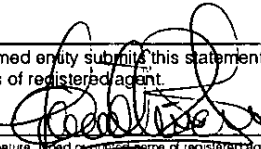
**6. Name and Address of Current Registered Agent**

**DURAN, LUIS GUILLERMO**  
**8730 BISCAYNE BLVD.**  
**MIAMI FL 33138**

**7. Name and Address of New Registered Agent**

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** 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:  DATE: **2-10-05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD GUILLERMO DURAN, LUIS	<input type="checkbox"/> Delete
NAME	8730 BISCAYNE BLVD.	
STREET ADDRESS	MIAMI FL 33138	
CITY-ST-ZIP		
TITLE	SD DURAN, GERSA LILIANA	<input type="checkbox"/> Delete
NAME	8730 BISCAYNE BLVD.	
STREET ADDRESS	MIAMI FL 33138	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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:  DATE: **2-10-05** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR