


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90032 031 \*\*\*158.75

DOCUMENT # P01000023651 1. Entity Name WILLINTON CORP	
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Principal Place of Business 85 GRAND CANAL DR., #106 MIAMI, FL 33144	Mailing Address 85 GRAND CANAL DR., #106 MIAMI, FL 33144
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50056820



07192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1106552	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  VILLALBA, JOSE S 85 GRAND CANAL DR., #106 MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLALBA, JOSE S 85 GRAND CANAL DR., #106 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REDONDO, VERA JUDITH 85 GRAND CANAL DR., #106 MIAMI, FL 33144
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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 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: 	07/19/05	(305) 244-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT  
500.56820

**July 19, 2005**

Department of State  
Division of Corporation.  
P.O.BOX 6327  
Tallahassee, Fl. 32314

**SUBJECT 2,005, ANNUAL REPORT  
WILLINTON CORP  
Document # P01000023651**

We would like to inform the Department of Corporation that we have not received in time the **ANNUAL REPORT NOTICE** to update our corporation for the years 2,005. The new address is **85 Grand Canal Dr # 106, Miami Fl 33144**

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant question us about it and advise to explain as soon as posible the missing documents 2,005 Annual Report) .

We need your support and understanding. Thanks

Sincerely,

