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Aug 22, 2005 8:00 am
Secretary of State
07-08-2005 90026 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000043643

1. Entity Name
VOICES BY WILLY INC.

66026086

Principal Place of Business	Mailing Address
333 S. ROYAL POINCIANA BLVD., APT. #303 MIAMI SPRINGS, FL 33166	333 S. ROYAL POINCIANA BLVD., APT. #303 MIAMI SPRINGS, FL 33166

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282005 Chg-P CR2E034 (10/03)

4. FEI Number 01-0674203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASALI, GUILLERMO M 333 S. ROYAL POINCIANA BLVD., APT. #303 MIAMI SPRINGS, FL 33166	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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASALI, GUILLERMO M 333 S. ROYAL POINCIANA BLVD., APT. #303 MIAMI SPRINGS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRETERO, MARCELA E 333 S. ROYAL POINCIANA BLVD., APT. #303 MIAMI SPRINGS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Guillermo Martin Casali 4/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

VOICES BY WILLY INC 060026086
333 S. ROYAL POINCIANA BLVD. APT 303
MIAMI SPRINGS FL 33166

* * * *

AUGUST 15, 2005

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE FL 32314

REFERENCE NUMBER P02000043643

WE REQUEST A WAIVER ON THE ANNUAL FEE PENALTY FOR THE FOLLOWING REASON:

THE PAYMENT OF $150.00 WAS MAILED ON TIME, BUT I RECEIVED THE DOCUMENT BACK TO ME ON JULY 12.

THE PENALTY IS TO HIGH AND I APPRECIATE IF YOU REMOVE IT.

THANK YOU

Guillermo M. Casali

GUILLERMO CASALI