

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90083 035 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000100943

1. Entity Name
WILCO TRADE PORT CORPORATION



Principal Place of Business
16558 NE 26 AVE STE 3E
MIAMI, FL 33160

Mailing Address
16558 NE 26 AVE STE 3E
MIAMI, FL 33160

94029266



2. Principal Place of Business
1690 WEST 38 PLACE

3. Mailing Address
1690 WEST 38 PLACE

Suite, Apt. #, etc.
BAY #2

Suite, Apt. #, etc.
BAY #2

03032004

Chg-P

CR2E034 (10/03)

City & State
HIALEAH FLORIDA

City & State
HIALEAH FLORIDA

4. FEI Number
81-0571092

Applied For
Not Applicable

Zip
33012

Country

Zip
33012

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAJAC, ALEJANDRO
3750 W FLAGLER ST
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name
MARIANO ZELERTEINS

Street Address (P.O. Box Number is Not Acceptable)
1690 WEST 38 PLACE

BAY #2

City
HIALEAH

FL

Zip Code
33012

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.

MARIANO ZELERTEINS

03/04/04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME
D ZELERTEINS, MARIANO ☐ Delete
STREET ADDRESS
16558 NE 26 AVE STE 3E
CITY-ST-ZIP
MIAMI, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANO ZELERTEINS

03/04/04

Date

Daytime Phone #