

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124180

Entity Name: WIL ONE MIAMI, INC.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

2525 PONCE DE LEON 5TH FLOOR  
MIAMI, FL 33156

## Current Mailing Address:

2525 PONCE DE LEON FIFTH FLOOR  
MIAMI, FL 33156

## New Principal Place of Business:

2525 PONCE DE LEON 5TH FLOOR  
5TH FLOOR  
CORAL GABLES, FL 33134

## New Mailing Address:

2525 PONCE DE LEON FIFTH FLOOR  
5TH FLOOR  
CORAL GABLES, FL 33134

FEI Number: 55-0810576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

GRAIZER, ARIEL  
2525 PONCE DE LEON  
5TH FLOOR  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ARIEL GRAIZER

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GRAIZER, ARIEL  
Address: 2525 PONCE DE LEON FIFTH FLOOR  
City-St-Zip: MIAMI, FL 33156

Title: SD ( ) Delete  
Name: HECHT, ELSA  
Address: 2525 PONCE DE LEON FIFTH FLOOR  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GRAIZER, ARIEL  
Address: 2525 PONCE DE LEON FIFTH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition  
Name: HECHT, ELSA  
Address: 2525 PONCE DE LEON FIFTH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIEL GRAIZER

MGR

03/30/2009

Electronic Signature of Signing Officer or Director

Date