

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90508 001 \*\*\*600.00

<b>DOCUMENT # P03000074861</b> 1. Entity Name WIESEN CAPITAL FUNDING, INC.	
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Principal Place of Business 20211 NE 10TH PLACE MIAMI, FL 33179	Mailing Address 20211 NE 10TH PLACE MIAMI, FL 33179
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**DO NOT WRITE IN THIS SPACE**



05182008 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0098050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WIESEN, J. LESLIE  
 20211 NE 10TH PLACE  
 MIAMI, FL 33179

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WIESEN, J. LESLIE 20211 NE 10TH PLACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WIESEN, SAMRA L 20211 NE 10TH PLACE MIAMI, FL 33179
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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 exemptions contained 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 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:** *J. Leslie Wiesen* **J. Leslie Wiesen** 5/17/08 305-653-2332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #