

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163691

Entity Name: WIFLY INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

10400 NW 33 ST - STE 270
DORAL, FL 33172

New Principal Place of Business:

15588 SW 62 STREET
MIAMI, FL 33193

Current Mailing Address:

10400 NW 33 ST - STE 270
DORAL, FL 33172

New Mailing Address:

15588 SW 62 STREET
MIAMI, FL 33193

FEI Number: 20-2040011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADI, KARIME
10400 NW 33 ST - STE 270
DORAL, FL 33172 US

Name and Address of New Registered Agent:

DIAZ-SARMIENTO, GABRIEL S CPA
15588 SW 62 STREET
MIAMI, FL 33193 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: GABRIEL S DIAZ-SARMIENTO CPA

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RADI, KARIME
Address: 10400 NW 33 ST - STE 270
City-St-Zip: DORAL, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: RAAD, ALFREDO
Address: 15588 SW 62 STREET
City-St-Zip: MIAMI, FL 33193

Title: VSD () Change (X) Addition
Name: DE LA PARRA, LUCILA
Address: 15588 SW 62 STREET
City-St-Zip: MIAMI, FL 33193

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: ALFREDO RAAD

PSTD

05/01/2008

Electronic Signature of Signing Officer or Director

Date