2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000006800

1. Entity Name

WILBUR PERMUY ANDALUSIA 360, INC.



Principal Place of Business

232 ANDALUSIA AVE

SUITE 230 CORAL GABLES, FL 33134

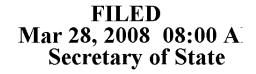
SIGNATURE: _

Mailing Address

232 ANDALUSIA AVE

SUITE 230

CORAL GABLES, FL 33134





CR2E034 (11/05)

DO NOT WRITE IN THIS SPAC	CE
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4. FEI Number		Applied For	
14-1924678		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent-

WILBUR, JOHN H ESQ. 4161 CARMICHAEL AVENUE, SUITE 152 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

03.22.08

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, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			U00000872436: 04/10/08-80038-021 150.00					
10.	OFFICERS AND DIREC	TORS	<u> </u>					
NAME STREET ADDRESS CITY-ST-ZIP	D WILBUR, MICHAEL 232 ANDALUSIA AVE CORAL GABLES, FL 33134							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMUY, IGNACIO 326 FLUVIA AVENUE CORAL GABLES, FL 33134							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 trustend 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 a part of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is trusted 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 a part of the corporation of the corporation of the receiver or trustee empowered.								

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