2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED Jun 13, 2006 8:00 am Secretary of State**

05-01-2006 90302 024 ***150.00

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1. Entity Name
WILLOW TREES, INC.

66018683

Principal Place of Business	Mailing Address
3000 N OCEAN DR UNIT 9F SINGER ISLAND, FL 33404	~~3000 N OCEAN DR UNIT 9F SINGER ISLAND, FL 33404~~

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		2601 So. BAYSHORE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 1400	
City & State		City & State MIAMI, FL.	
Zip	Country	Zip 33133	Country U.S.A.

4. FEI Number 83-0460146 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G
2601 S BAYSHORE DR SUITE 1400
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERMUDEZ, PABLO A		NAME		
STREET ADDRESS	3000 N OCEAN DR UNIT 9F		STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND, FL 33404		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: [signature] / PRESIDENT PABLO ANDRES BERMUDEZ — 4/24/06 — (305) 859-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #