

2006 FOR PROFIT CORPORATION ANNUAL REPORT

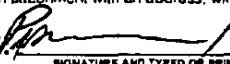
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Jun 13, 2006 8:00 am
Secretary of State

05-01-2006 90302 024 ***150.00

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04262006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000127024			
1. Entity Name WILLOW TREES, INC.			
Principal Place of Business 3000 N OCEAN DR UNIT 9F SINGER ISLAND, FL 33404		Mailing Address 3000 N OCEAN DR UNIT 9F SINGER ISLAND, FL 33404	
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	Country
		33133	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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable 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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete D BERMUDEZ, PABLO A 3000 N OCEAN DR UNIT 9F SINGER ISLAND, FL 33404	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 		PRESIDENT PABLO ANDRES BERMUDEZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/24/06 (305) 859-2696	