

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90026 049 ***150.00

DOCUMENT # P05000127024

1. Entity Name
WILLOW TREES, INC.



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

Mailing Address
2001 S BAYSHORE DR STE 1400
MIAMI, FL 33133

4004133



2. Principal Place of Business - No P.O. Box #
2340 So. Dixie Highway
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03112008 Chg-P CR2E034 (12/06)

City & State
MIAMI FL.
Zip
33133
Country
USA

City & State
Zip
Country

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
2001 S BAYSHORE DR SUITE 1400
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
ALFREDO G. DURAN
Street Address (P.O. Box Number is Not Acceptable)
2340 So. Dixie Highway
City
MIAMI FL Zip Code
33133

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, 2008 Fee will be \$550.00

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
D/P
BERMUDEZ, PABLO A
3000 N OCEAN DR UNIT 9F
SINGER ISLAND, FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

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: *Pablo A. Bermudez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PABLO A. BERMUDEZ PRES/DIR

Date

3/11/08

Daytime Phone #

(305) 859-2696