

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143518

Entity Name: WAYRA CORPORATION

FILED  
Mar 16, 2007  
Secretary of State

## Current Principal Place of Business:

603 WOODGATE LANE  
SUNRISE, FL 33326

## New Principal Place of Business:

3245 VIRGINIA STREET  
39  
COCONUT GROVE, FL 33133

## Current Mailing Address:

603 WOODGATE LANE  
SUNRISE, FL 33326

## New Mailing Address:

3245 VIRGINIA STREET  
39  
COCONUT GROVE, FL 33133

FEI Number: 20-5898535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.  
10520 NW 26TH STREET C 201  
DORAL, FL 33172 US

## Name and Address of New Registered Agent:

PRADO, JAVIER  
3245 VIRGINIA STREET  
39  
COCONUT GROVE, FL 33133 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: JAVIER PRADO

03/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: PRADO, JAVIER  
Address: 603 WOODGATE LANE  
City-St-Zip: SUNRISE, FL 33326

Title: DVS ( ) Delete  
Name: BRAVO, CLAUDIA  
Address: 603 WOODGATE LANE  
City-St-Zip: SUNRISE, FL 33326

Title: D ( ) Delete  
Name: PRADO, MARISOL  
Address: 603 WOODGATE LANE  
City-St-Zip: SUNRISE, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: PRADO, JAVIER  
Address: 3245 VIRGINIA STREET APT. 39  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVS (X) Change ( ) Addition  
Name: BRAVO, CLAUDIA  
Address: 3245 VIRGINIA STREET APT. 39  
City-St-Zip: COCONUT GROVE, FL 33133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAVIER PRADO

DPT

03/16/2007

Electronic Signature of Signing Officer or Director

Date