


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90014 020 ***150.00

DOCUMENT # P92000010999

1. Entity Name
WNV SALES, INC.



Principal Place of Business Mailing Address

**501 BRICKELL KEY DR
 SUITE 509
 MIAMI FL 33131
 US**

**501 BRICKELL KEY DR
 SUITE 509
 MIAMI FL 33131
 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6100 Blue Lagoon Drive **6100 Blue Lagoon Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.


105 **105**

City & State City & State

Miami, Florida **Miami, Florida**

Zip Country Zip Country

33126 USA **33126 USA**



1st MOORE CR2E034 (10/07)

4. FEI Number **65-0376402** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUTIERREZ, MARIA T
 501 BRICKELL KEY DR STE 509
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Gutierrez, Maria T.**

Street Address (P.O. Box Number is Not Acceptable) **6100 Blue Lagoon Dr. Ste 105**

City **Miami** FL Zip Code **33126**

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 María T. Gutierrez DATE 02/05/08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GUTIERREZ, MARIA T	501 BRICKELL KEY DR ST 509	MIAMI FL 33131	<input type="checkbox"/>
TS	MARTINEZ-CHISTENSEN, CARLOS	501 BRICKELL KEY DR STE 509	MIAMI FL 33131	<input type="checkbox"/>
D	GUTIERREZ, MARIA T.	501 BRICKELL KEY DR STE 509	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		6100 Blue Lagoon Dr. Ste 105	Miami, Florida 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6100 Blue Lagoon Dr. Ste 105	Miami, Florida 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6100 Blue Lagoon Dr. Ste 105	Miami, Florida 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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; that I am 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, with an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Martinez Christensen **02/05/08 (305) 266-3887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #