

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084963

FILED  
Mar 20, 2007  
Secretary of State

Entity Name: WIFL DEVELOPMENT, INC.

**Current Principal Place of Business:**

3782 COVENTRY LN.  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

3782 COVENTRY LN.  
BOCA RATON, FL 33496 US

**New Mailing Address:**

FEI Number: 59-3413272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEN SAMI  
3782 COVENTRY LN.  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: SAMI, ALLEN  
Address: 3782 COVENTRY LN  
City-St-Zip: BOCA RATON, FL 33496

Title: VD ( ) Delete  
Name: SADAT TOUSSI, SEYED HADI  
Address: 3782 COVENTRY LN  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ALLEN SAMI

PSD

03/20/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date