

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 028 ***150.00

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1. Entity Name
WISAN ENTERPRISES, INC.



Principal Place of Business Mailing Address
 20105 NW 62 COURT 201 NW 62 COURT
 MIAMI, FL 33105 MIAMI, FL 33015

2. Principal Place of Business - No P.O. Box #
13167 N.W. 42nd Ave.

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

City & State
Opalocka Fl. 33054

City & State

Zip Country Zip Country



03092007 Chg-P CR2E034 (12/06)

4. FEI Number
58-2388411

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VASQUEZ, WILLIAM A 20105 NW 62 COURT HIALEAH, FL 33015		Name VASQUEZ, WILLIAM A.	
		Street Address (P.O. Box Number is Not Acceptable) 13167 N.W. 42nd Avenue	
		City Opalocka	State FL
		Zip Code 33054	

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 _____ DATE _____
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, 2007 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, WILLIAM A	NAME	
STREET ADDRESS	20105 NW 62 COURT	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33015	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, SANDRA	NAME	
STREET ADDRESS	20105 NW 62 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **03-09-07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #