


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P98000080007	
1. Entity Name WILLIAMSON INVESTMENT NETWORK, INC.	

Principal Place of Business P.O. BOX 163200 MIAMI, FL 33116-3200 US	Mailing Address P.O. BOX 163200 MIAMI, FL 33116-3200 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0874396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**GAVIRIA, JORGE
9769 SOUTH DIXIE HIGHWAY
SUITE 201
MIAMI, FL 33156**

DO NOT WRITE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000907043 05/05/08-80022-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE PRES	NAME EGUED, AMADO
STREET ADDRESS P.O. BOX 163200	
CITY-ST-ZIP MIAMI, FL 331163200	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:  **4/12/08 7863679814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #