2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P98000088664

Entity Name: WILMAR CO.

Current Principal Place of Business:

160 NE 46 STREET
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

160 NE 46 STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALIXTE, WILDES
160 NE 46 STREET
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

CALIXTE, WILDY
160 NE 46 STREET
MIAMI, FL 33137 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: WILDY CALIXTE 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CALIXTE, WILDES
Address: 160 NE 46 STREET
City-St-Zip: MIAMI, FL 33137

Title: VP ( ) Delete
Name: CALIXTE, MARIE C
Address: 160 NE 46 STREET
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition
Name: CALIXTE, WILDY
Address: 160 NE 46 STREET
City-St-Zip: MIAMI, FL 33137

Title: VP ( ) Change (X) Addition
Name: CALIXTE, MARTIN W
Address: 160 NE 46 STREET
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify 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: WILDY CALIXTE VP 04/27/2009
Electronic Signature of Signing Officer or Director Date