2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098881

Entity Name: WILLOWBANK FLORIDA, INC.

FILED Apr 09, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
2901 CLINT MOORE RD. SUITE 230 BOCA RATON, FL 33496 US				2901 CLINT MOORE ROAD SUITE 230 BOCA RATON, FL 33496 US		
Current Mailing Address:				New Mailing Address:		
2901 CLINT MOORE RD. SUITE 230 BOCA RATON, FL 33496 US				2901 CLINT MOORE ROAD SUITE 230 BOCA RATON, FL 33496 US		
FEI Number:	65-0904353	FEI Number Applied For ()	FEI Numl	ber Not Applic	cable () C	ertificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
TIAN, LARISSA 2901 CLINT MOOR RD., STE 230 BOCA RATON, FL 33496 US				TIAN, LARISSA 2901 CLINT MOOR ROAD SUITE 230 BOCA RATON, FL 33496 US		
The above in the State		ıbmits this statement for the pu	urpose of	changing its	s registered offic	ce or registered agent, or both,
SIGNATURE:				04/09/2008		
Electronic Signature of Registered Agent				Date		
Election Carr	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TIAN, LARISSA	Delete DRE RD., SUITE 230 L 33496	1	Title: Name: Address: City-St-Zip:	() Cr	nange()Addition
Title: Name: Address: City-St-Zip:	TSAY, VICTOR	Delete DRE RD., SUITE 230 L 33496	1	Title: Name: Address: City-St-Zip:	() CP	nange ()Addition
Title: Name: Address: City-St-Zip:	()[Delete	1	Title: Name: Address: City-St-Zip:	S () CH TSAI, VICTORIA 2901 CLINT MOOF BOCA RATON, FL	

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: LARISSA TIAN P 04/09/2008