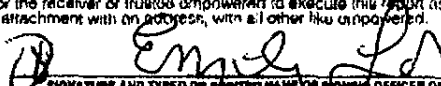


FROM: WALTER T. SAMUELSON

FAX NO. : 9546806222

Apr. 27 2004 02:43PM P1

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000106069		
1. Entity Name WILA, INC.		
Principal Place of Business 811 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301		Mailing Address 811 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301
DO NOT WRITE IN THIS SPACE		
04272004 No Chg-P CR2E034 (10/03)		
4. FEI Number 85-0883535		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required
6. Name and Address of Current Registered Agent LA ROSA, EMILY 1206 CAMELLIA LANE WESTON, FL		DO NOT WRITE IN THIS SPACE
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 releasing) Signature, Title or Position Name of Registrant Agent and Date		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000142001 147 30/04-80033-015 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WILD, DAVID L 1206 CAMELLIA LANE FORT LAUDERDALE, FL 33326	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LA ROSA, EMILY J 1206 CAMELLIA LANE FORT LAUDERDALE, FL 33326	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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:  Emil J. La Rosa		Date 004 954525660