2005 FOR PROFIT CORPORATION

SIGNATURE: Sherwood M. Weisek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2005 8:00 am Secretary of State ANNUAL REPORT 04-05-2005 90058 003 ***150.00 **DOCUMENT # V51764** 1. Entity Name WILKEY CORP. 40041960 Principal Place of Business Mailing Address 3250 MARY STREET 3250 MARY STREET 5TH FLOOR 5TH FLOOR MIAM1, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0353176 Not Applicable Zip Country Zip Country \$8.75 Additional Case 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISER, SHERWOOD M. Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET **SUITE 501** COCONUT GROVE, FL 33133 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition WEISER, SHERWOOD M. NAME NAME STREET ADDRESS 3250 MARY STREET SUITE 500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE DAS ☐ Delete TITLE ☐ Change ☐ Addition WEISER, JUDITH NAME NAME 3250 MARY STRET SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP **DPAS** ☐ Delete TITLE ___ Change ☐ Addition LEFTON, DONALD E. NAME NAME STREET ADDRESS 3250 MARY STREET, STE 500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FISHER, ROBYN C NAME NAME STREET ADDRESS 3250 MARY STREET STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP VTS TITLE Delete TITLE □ Change ☐ Addition NAME TEMLING, W. PETER NAME 3250 MARY ST., STE 500 STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HEWITT, THOMAS F. NAME NAME 3250 MARY ST., STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 grapowered.

02/01/2005

Date

305-445-2493

Daytime Phone #

FILED