2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003518

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FARMINGDALE, NY 11735

FARMINGDALE, NY 11735

FLOHR, BERNARD

85 PRICE PARKWAY

() Delete

FILED Apr 29, 2008 Secretary of State

Entity Name: WMF OF AMERICA, INC. **Current Principal Place of Business: New Principal Place of Business:** 85 PRICE PARKWAY FARMINGDALE, NY 11735 **Current Mailing Address: New Mailing Address:** 85 PRICE PARKWAY FARMINGDALE, NY 11735 FEI Number: 13-1914464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLOPIZ, ONIER ESQ. 1201 BRICKELL AVE. FIFTH FLOOR MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition NISI, STEFAN Name: Name: NISI, STEFAN 85 PRICE PARKWAY 85 PRICE PARKWAY Address: Address: City-St-Zip: FARMINGDALE, NY 11735 City-St-Zip: FARMINGDALE, NY 11735 Title: VΡ Title: () Delete (X) Change () Addition Name: BRALEY, PETER Name: BRALEY, PETER **85 PRICE PARKWAY** 85 PRICE PARKWAY Address: Address: FARMINGDALE, NY 11735 City-St-Zip: City-St-Zip: FARMINGDALE, NY 11735 () Delete Title: Title: (X) Change () Addition DIRE KLAPPROTH, THORSTEN KLAPPROTH, THORSTEN Name: Name: 85 PRICE PARKWAY 85 PRICE PARKWAY

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.

Address:

Title:

Name:

Address:

City-St-Zip:

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FARMINGDALE, NY 11735

FARMINGDALE, NY 11735

FLOHR, BERNARD DR

85 PRICE PARKWAY

(X) Change () Addition

DIRE

SIGNATURE: STEFAN NISI Ρ 04/29/2008