


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000031379 1. Entity Name WAITANGI FLORIDA, INC.	
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Principal Place of Business THERREL BAISDEN, P.A. SUNTRUST INTL CNTR 1 SE 3RD AVE 2400 MIAMI, FL 33131	Mailing Address THERREL BAISDEN, P.A. SUNTRUST INTL CNTR 1 SE 3RD AVE 2400 MIAMI, FL 33131
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01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2305786	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FEUERMAN, JONATHAN THERREL BAISDEN, P.A. SUNTRUST INTL. CNTR., 1 SE 3RD AVE., #2400 MIAMI, FL 33131
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTWISTLE, ROBERTA C/O SUNTRUST INTL. CNTR., 1 SE 3RD AV 2400 MIAMI, FL 33131
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05/20/05 8:00 AM 020 150:00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roberta Entwistle Date: May 17 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #