

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# P03000019403

Entity Name: WBP MIAMI MANAGER INCORPORATED

**Current Principal Place of Business:**

307 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

307 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 57-1151018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRONIG, STEVEN C ESQ.  
% BAKER & CRONIG LLP.  
3250 MARY STREET, 307 CONTINENTAL PLAZA  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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:**

Title: P/D ( ) Delete  
Name: SHOVAL, JUDD  
Address: 24 SOUTH RIVER DRIVE  
City-St-Zip: WILKES-BARRE, PA 18702

Title: T/D ( ) Delete  
Name: LEZINSKI, WILLIAM  
Address: 24 SOUTH RIVER DRIVE  
City-St-Zip: WILKES-BARRE, PA 18702

Title: VP/D ( ) Delete  
Name: CRONIG, STEVEN C  
Address: 307 CONTINENTAL PLZ, 3250 MARY STREET  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM M. LEZINSKI

T/D

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date