

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000006536

1. Entry Name
W GROUP & ASSOCIATES, INC.



Principal Place of Business
15785 SW 140TH ST.
MIAMI, FL 33196

Mailing Address
15785 SW 140TH ST
MIAMI, FL 33196



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 16-1690139 | Applied For Nor Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CONNALLY, MARIA R
15785 SW 140TH ST.
MIAMI, FL 33196

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

1100000537708
115/09/06-80030-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | PD |
| NAME | CONNALLY, MARIA R |
| STREET ADDRESS | 15785 SW 140TH ST. |
| CITY- ST- ZIP | MIAMI, FL 33196 |

| | |
|----------------|--------------------|
| TITLE | VD |
| NAME | WONG, FRANCISCO |
| STREET ADDRESS | 15785 SW 140TH ST. |
| CITY- ST- ZIP | MIAMI, FL 33196 |

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | RUIZ, SONIA |
| STREET ADDRESS | 15785 SW 140TH ST. |
| CITY- ST- ZIP | MIAMI, FL 33196 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

Maria R. Connally - MARIA R. CONNALLY - 4/28/06 (786) 513-0055

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04M

04/26/06