

FILED
Apr 17, 2006 8:00 am
Secretary of State

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01-23-2006 90122 034 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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01122006 Chg-P CRZE034 (11/05)

DOCUMENT # P05000112580					
1. Entity Name WLAKESH 2013 CORP					
Principal Place of Business 21055 YACHT CLUB DRIVE SUITE 2807 AVENTURA, FL 33180			Mailing Address 21055 YACHT CLUB DRIVE SUITE 2807 AVENTURA, FL 33180		
2. Principal Place of Business 21055 YACHT Club Dr Suite, Apt. #, etc. #2807 City & State AVENTURA, FL Zip 33180 Country USA		3. Mailing Address 21055 YACHT Club Dr Suite, Apt. #, etc. #2807 City & State AVENTURA, FL Zip 33180 Country USA		4. FEI Number 20-3497176 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent SUDARSKY, NATHALIE 21055 YACHT CLUB DRIVE SUITE 2807 AVENTURA, FL 33180				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when substituting)</small>					

FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDARSKY, NATHALIE 21055 YACHT CLUB DRIVE, SUITE 2807 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, BEATRIZ 21055 YACHT CLUB DRIVE, SUITE 2807 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 319, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

01/19/06

305 705 1679

Date

Daytime Phone #