

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000094878

FILED
Apr 28, 2010
Secretary of State

Entity Name: W OAKS INC.

Current Principal Place of Business:

901 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 80-0508185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, FERNANDO R
901 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES, FL 33134 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: PD
Name: CORREA, ALVARO J
Address: 901 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: VD
Name: CORREA H, ALVARO
Address: 901 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: VD
Name: CORREA, HELENA B
Address: 901 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: SD
Name: CORREA, JULIANA
Address: 901 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: TD
Name: CORREA, SUSANA
Address: 901 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ALVARO J CORREA

PRES

04/28/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date