


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90201 049 \*\*\*150.00

DOCUMENT # P97000067651

1. Entity Name  
**WESHAM INCORPORATED**



Principal Place of Business      Mailing Address

520 BRICKELL KEY DRIVE      520 BRICKELL KEY DRIVE  
 0-305      0-305  
 MIAMI, FL 33131      MIAMI, FL 33131


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

24068552



01072004    Chg-P    CR2E034 (10/03)

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION  
 520 BRICKELL KEY DRIVE  
 0-305  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name  
*Transglobal Corporate Administration, LLC*  
 Street Address (P.O. Box Number is Not Acceptable)  
*520 Brickell Key Dr Suite 0-305*  
 City *Miami*      FL      Zip Code *33131*

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]*      DATE: *4/27/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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	PS COLAO, JOHN 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131 <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	AS FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*      *John Colao*      *3/25/04*      *(305) 374-3800*

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