## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # P99000029969** 04-15-2004 90004 021 \*\*\*150.00 W.P. TRADING CORP OF MIAMI Principal Place of Business Mailing Address 15265 S.W. 140 STREET 15265 S.W. 140 STREET 54033430 MIAMI, FL 33196 MIAMI, FL 33196 Suite, Apt. #, etc 04022004 CR2E034 (10/03) Cha-P City & State 4. FEI Number Applied For MIAMI 65-0917456 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent PEREZ, WAYNE Street Address (P.O. Box Number is Not Acceptable) 15265 S.W. 140 STREET MIAMI, FL 33196 City 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. 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F PDC TITLE Change ■ Addition ☐ Defete PEREZ, WAYNE NAME NAME STREET ADDRESS 15265 SW 140TH ST STREET ADDRESS MIAMI, FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change - Addition TITLE -Delate -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP it this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. 12. I hereby certify that the information supplied with indicated on this report or suppliemental report is of the corporation or the re changed, or on an attachy **SIGNATURE:**

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #