


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90313 005 \*\*\*\*61.25

<b>DOCUMENT # N93000004860</b>	
1. Entity Name <b>WEDGEVAL MASTER ASSOCIATION, INC.</b>	

Principal Place of Business <b>11033 W. BROWARD BLVD. PLANTATION, FL 33324</b>	Mailing Address <b>11033 W. BROWARD BLVD. PLANTATION, FL 33324</b>
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**66429400**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>65-0448228</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>HEMSLEY, SUSAN</b> <b>80 NW 110 AVE.</b> <b>PLANTATION, FL 33324</b>	

7. Name and Address of New Registered Agent	
Name <b>Howard Bampton</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>90 NW 110th AVE</b>	
City <b>Plantation</b>	FL Zip Code <b>33324</b>

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 <b>Howard Bampton</b>	DATE <b>6/30/04</b>

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b> <b>ADSMOND, ROSE</b> <b>90 NW 110 TERR.</b> <b>PLANTATION, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>T</b> <b>HEMSLEY, SUSAN</b> <b>80 NW 110 TER.</b> <b>PLANTATION, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DS</b> <b>KREESE, CAROL</b> <b>71 NW 110TH AVENUE</b> <b>PLANTATION, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>D</b> <b>WURSTER, NICHOLAS R</b> <b>40 NW 110 AVE.</b> <b>PLANTATION, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>D</b> <b>YAKYSHEV, NATALIE</b> <b>30 NW 110 AVE.</b> <b>PLANTATION, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T</b> <b>Howard Bampton</b> <b>90 NW 110th AVE</b> <b>Plantation FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>Dino Flora</b> <b>11015 W. Broward Blvd</b> <b>Plantation FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>YAKYSHEV, NATALIE</b> <b>30 NW 110 AVE.</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <b>Howard Bampton</b>	DATE: <b>6/30/04</b>