## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000132327

Entity Name: WBH 37E CORP.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Jun 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2600 DOUGLAS ROAD STE 1100 CORAL GABLES, FL 33134				2665 S BAYSHORE DRIVE 906 MIAMI, FL 33133			
Current Mailing Address:				New Mailing Address:			
2600 DOUGLAS ROAD STE 1100 CORAL GABLES, FL 33134				2665 S BAYSHORE DRIVE 906 MIAMI, FL 33133			
FEI Number:	26-1580097	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desire	ed ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GURIAN, JORGE 2600 DOUGLAS ROAD STE 1100 CORAL GABLES, FL 33134 US				GURIAN, JORGE 2665 S BAYSHORE DRIVE 906 MIAMI, FL 33133 US			
The above in the State		ubmits this statement for the	purpose o	f changing i	ts registere	d office or registered agent,	or both,
SIGNATURE: JORGE GURIAN				06/11/2009			
Electronic Signature of Registered Agent				Date			
		(2)(b), F.S., the corporation did n Trust Fund Contribution ( ).	ot receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	AZNAR, JAVIER	ROAD STE 1100		Title: Name: Address: City-St-Zip:	PD AZNAR, JAN 2665 S BAN MIAMI, FL	SHORE DRIVE, #906	
Title: Name: Address: City-St-Zip:	CABRERO ABAS	Delete SCAL, GEORGIANA ROAD STE 1100 S, FL 33134		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ABASCAL, GEORGIANA 'SHORE DRIVE, #906 33133	
Title: Name: Address: City-St-Zip:	AZNAR CABRE	ROAD STE 1100		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition BRERO, JAVIER 'SHORE DRIVE, #906 33133	
Title: Name: Address: City-St-Zip:	AZNAR CABRE	ROAD STE 1100		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition BRERO, ALVARO 'SHORE DRIVE, #906 33133	
Title: Name:	( )	Delete		Title: Name:	SD SARAS CAE	()Change(X)Addition BEZA, JOSE A	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

2665 S BAYHSORE DRIVE. #906

2665 S BAYSHORE DRIVE, #906

RIBERA MURCIA, ROSA M

( ) Change (X) Addition

MIAMI, FL 33133

MIAMI, FL 33133

SIGNATURE: JAVIER AZNAR PD 06/11/2009

() Delete