


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90165 010 ***150.00

DOCUMENT # 270382 1. Entity Name W B H CORP	
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Principal Place of Business 11925 SW 128 STREET P.O. BOX 161859 MIAMI, FL 33186 US	Mailing Address 11925 SW 128 STREET P.O. BOX 161859 MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1292172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOANNOU, BEN
11925 SW 128 STREET
MIAMI, FL 33186

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IN THIS SPACE**

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

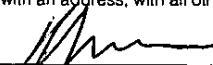
FILE NOW!!! FEES \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOANNOU, BEN 11925 SW 128 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOANNOU, CRYSTAL 11925 SW 128 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGOLESKY, HARRIET J 10600 S W 138 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ben Joannou Jr. 6401 SW 134 Drive. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Ben Joannou Sr. 1-5-06 (305) 238-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #