


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90192 007 ***150.00

DOCUMENT # 270382 1. Entity Name W B H CORP	
--	---

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 33116-1859
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOANNOU, BEN 11925 SW 128 STREET MIAMI, FL 33186	DO NOT WRITE 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

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 JOANNOU, BEN JR 6401 SW 134 DR. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Catal Joannou CRYSTAL JOANNOU 1/8/07 305-238-1866

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