2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 299502

1. Entity Name

WEIGHT WATCHERS OF GREATER MIAMI, INC.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

9580 BIRD ROAD MIAMI, FL 33165 9580 BIRD ROAD MIAMI, FL 33165



CR2E034 (11/05)

Fee Required

(305) 221-9411

DO NOT WRITE IN THIS SPACE

0.1002001	
4. FEI Number	Applied For
59-1110615	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

BRAUNSTEIN, NATALIE 9580 BIRD ROAD MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

01002007

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							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		• •	·		
TITLE	PD	· · · · · · · · · · · · · · · · · · ·					
NAME	BRAUNSTEIN, NATALIE.						
STREET ADDRESS	9580 BIRD ROAD						
CITY-SI-ZIP	MIAMI, FL 00000,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TRANSUE, CATHERINE 9580 BIRD ROAD MIAMI, FL 33165				U00000618099 02/08/07-80015-015 150. 0 0		
TITLE	V		_				
NAME	FERNANDEZ-LUCENA, NORMA			•			
STREET ADDRESS	9580 BIRD ROAD			- no	NOT WOITE		
CITY-SI-ZIP	MIAMI, FL 33165			טט	NOT WRITE		
TITLE	V			IAI '	TUIC CDACE		
NAME	BRAUNSTEIN, MAURICE	•		11/4	THIS SPACE		
STREET ADDRESS	9580 BIRD ROAD						
CITY-ST-ZIP	MIAMI, FL 33165	•					
TITLE			-				
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CITY-ST-ZIP	• *						
TITLE	. ,		1				
NAME							
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CITY-ST-ZIP	•	•					
12. Thereby 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 poor 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 of 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							

address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRANSUE,

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