


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # 652271 1. Entity Name WAGS MANAGEMENT, INC.	
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Principal Place of Business 2010 N.E. 214 TERRACE NORTH MIAMI BEACH, FL 33179	Mailing Address 2010 N.E. 214 TERRACE NORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2011696	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

WAGENBERG, ISAIL
2010 N.E. 214TH TERR.
N. MIAMI BCH., FL 33179

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD WAGENBERG, ISAIL 2010 N.E. 214 TERRACE NORTH MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WAGENBERG, SALO 2010 N.E. 214 TERRACE NORTH MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ISABEL, WAGENBERG 2030 NE 214 TERR NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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14/18/05-80132-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: 	PRESIDENT (305) 931-7636
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>