2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Jun 15, 2005 8:00 am
Secretary of State
05-05-2005 90099 040 ****50.00
06-15-2005 90096 023 ***100.00

DOCUMENT # F04000001580

1. Entity Name
WMM PATABENDI, INC.

Principal Place of Business	Mailing Address
1800 NORTHERN BLVD., SUITE 315 ROSLYN, NY 11576	1800 NORTHERN BLVD., SUITE 315 ROSLYN, NY 11576

4UU80600

01182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1000 VENETIAN WAY		1000 VENETIAN WAY	
Suite, Apt. #, etc.: APT 1102		Suite, Apt. #, etc.: APT 1102	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33139	Country: USA	Zip: 33139	Country: USA

4. FEI Number: 11-3343172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATABENDI, WARUNA LIYANA
100 VENETAIN WAY, APT. 1102
MIAMI, FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1000 VENETIAN WAY APT 1102

City MIAMI FL Zip Code 33139

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 [signature] WARUNA PATABENDI 4/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATABENDI, WARUNA LIYANA 1800 NORTHERN BLVD., SUITE 315 ROSLYN, NY 11576	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1000 VENETIAN WAY APT 1102 MIAMI, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] WARUNA PATABENDI 4/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #