

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90036 011 ***158.75

DOCUMENT # F05000001596

1. Entity Name
WBS CAPITAL, LTD. COMPANY



Principal Place of Business
11102 NW 71 TERRACE
DORAL, FL 33178

Mailing Address
11102 NW 71 TERRACE
DORAL, FL 33178

40111340



01172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
700 S. ROYAL POINCIANA BLVD
Suite, Apt. #, etc.
1000

3. Mailing Address
700 S. ROYAL POINCIANA BLVD
Suite, Apt. #, etc.
1000

City & State
MIAMI SPRINGS FL

City & State
MIAMI SPRINGS FL

4. FEI Number
20-4115239

Applied For
Not Applicable

Zip
33166

Country
MIAMI - DADE

Zip
33166

Country
MIAMI - DADE

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MACAULAY, ROBERT B
2525 PONCE DE LEON BLVD, STE 400
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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: LEONARDO DEPONTES, PRESIDENT **25 APR 07**
(NOTE: Registered Agent signature required when constituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **DEL CASTILHO, LOURDES**
STREET ADDRESS **11102 NW 71 TERRACE**
CITY-ST-ZIP **DORAL, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☒ Change ☐ Addition
NAME **DEL CASTILHO, LOURDES**
STREET ADDRESS **700 S. ROYAL POINCIANA BLVD, SUITE 1000**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **PD** ☐ Change ☒ Addition
NAME **LEONARDO DEPONTES**
STREET ADDRESS **700 S. ROYAL POINCIANA BLVD, SUITE 1000**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: LEONARDO DEPONTES **25 APR 07** **305.980.2227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #