

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54969

Entity Name: WRT, INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

191 GIRALDA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

191 GIRALDA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2146244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRICKELL REGISTERES AGENTS INC
100 N BISCAYNE BLVD
STE 1810
MIAMI, FL 33132

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MARSTON, GERALD C.
Address: 191 GIRALDA ABE.
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: ROOKWOOD, PAUL M
Address: 260 S BROAD ST.
City-St-Zip: PHILADELPHIA, PA

Title: V () Delete
Name: PRUETT, C. ALYN,
Address: 191 GIRALDA AVE
City-St-Zip: CORAL GABLES, FL

Title: V () Delete
Name: GARCIA, KATHLEEN,
Address: 1133 COLUMBIA ST.
City-St-Zip: SAN DIEGO, CA 92101

Title: ST () Delete
Name: BENISCHECK, JOHN J.,
Address: 260 S. BROAD ST.
City-St-Zip: PHILADELPHIA, PA

Title: P () Delete
Name: FERNSLER, JOHN E
Address: 191 GIRALDA AVE
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. BENISCHECK

ST

04/26/2004

Electronic Signature of Signing Officer or Director

Date