


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F70529 1. Entity Name WAHLSTROM ASSOCIATES, INC. |  |
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| Principal Place of Business % ANGELA ALY WAHLSTROM 145 MADEIRA AVE #209 CORAL GABLES, FL 33134 US | Mailing Address %ANGELA ALY WAHLSTROM 145 MADEIRA AVE #209 CORAL GABLES, FL 33134 US |
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02272008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-2163138 | 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

**WAHLSTROM, ANGELA ALY
145 MADEIRA AVENUE STE 209
CORAL GABLES, FL 33134**

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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04/15/08-80082-002 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS WAHLSTROM, KIM P 145 MADEIRA AVE. CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP WAHLSTROM, ANGELA ALY 145 MADEIRA AVE. CORAL GABLES, FL |
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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: *Angela Aly Wahlstrom* **Angela Aly Wahlstrom** 2/26/08 305 447 8718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #