

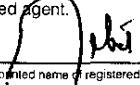
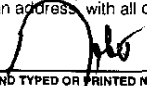


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90197 035 ***150.00

DOCUMENT # F93000004569 1. Entity Name WI HOLDINGS, INC.					
Principal Place of Business 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160 US			Mailing Address 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160 US		
2. Principal Place of Business 4000 Island Boulevard Suite, Apt. #, etc. PH2 City & State Aventura, FL Zip 33160 Country USA		3. Mailing Address 4000 Island Boulevard Suite, Apt. #, etc. PH2 City & State Aventura, FL Zip 33160 Country USA			
4. FEI Number 65-0441919		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATUS, ALAN 7900 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name Matus, Alan Street Address (P.O. Box Number is Not Acceptable) 4000 Island Boulevard, PH2 City Aventura FL Zip Code 33160		
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:  Alan Matus 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> EV President <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C NAME TRUMP, JULIUS STREET ADDRESS 7900 ISLAND BLVD. CITY-ST-ZIP NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE C NAME Trump, Julius STREET ADDRESS 4000 Island Boulevard, PH2 CITY-ST-ZIP Aventura, FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CTD NAME TRUMP, EDDIE STREET ADDRESS 7900 ISLAND BLVD. CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE P NAME Trump, Eddie STREET ADDRESS 4000 Island Boulevard, PH2 CITY-ST-ZIP Aventura, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EVPD NAME MATUS, ALAN STREET ADDRESS 7900 ISLAND BLVD. CITY-ST-ZIP NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EVPS NAME LIEB, JAMES STREET ADDRESS 7900 ISLAND BLVD. CITY-ST-ZIP NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE EVPS GC NAME Mark Hirsch STREET ADDRESS 4000 Island Boulevard, PH2 CITY-ST-ZIP Aventura, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME TORPEY, CARITE L STREET ADDRESS 7900 ISLAND BLVD. CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE VPAGE AS NAME Ayelet Amrani STREET ADDRESS 4000 Island Boulevard, PH2 CITY-ST-ZIP Aventura, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Alan Matus 4-28-04 305-937-7826 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					