


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

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0441919

Applied For
 Not Applicable

5. Certificate of Status Desired \$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

State
 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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) EV President DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	C TRUMP, JULIUS 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD TRUMP, EDDIE 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS LIEB, JAMES 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORPEY, CARITE L 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Trump, Julius 4000 Island Boulevard, PH2 Aventura, FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Trump, Eddie 4000 Island Boulevard, PH2 Aventura, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS GC Mark Hirsch 4000 Island Boulevard, PH2 Aventura, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAGE AS Ayelet Amrani 4000 Island Boulevard, PH2 Aventura, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #