


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90197 033 ***150.00

DOCUMENT # F94000001580 1. Entity Name WI DEVELOPMENT, INC.					
Principal Place of Business 7900 ISLAND BLVD. N. MIAMI BEACH, FL 33160			Mailing Address 7900 ISLAND BLVD. N. MIAMI BEACH, FL 33160		
2. Principal Place of Business 4000 ISLAND BOULEVARD			3. Mailing Address 4000 ISLAND BOULEVARD		
Suite, Apt. #, etc. PH2			Suite, Apt. #, etc. PH2		
City & State AVENTURA, FL			City & State AVENTURA, FL		
Zip 33160		Country USA		4. FEI Number 65-0478767	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MATUS, ALAN 7900 ISLAND BLVD. N. 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, PH 2 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: <u><i>[Signature]</i></u> 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> President DATE					
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS MATUS, ALAN 7900 ISLAND BLVD. N. MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S MATUS, ALAN 4000 ISLAND BOULEVARD, PH 2 AVENTURA, FL, 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS LIEB, JAMES M. 7900 ISLAND BLVD N MIAMI BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, AS LIEB, JAMES M. 4000 ISLAND BOULEVARD, PH 2 AVENTURA, FL, 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORPEY, CARITE 7900 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORPEY, CARITE 4000 ISLAND BOULEVARD, PH 2 AVENTURA, FL, 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, AS HIRSCH, MARK 4000 ISLAND BOULEVARD, PH 2 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	VP, AS AMRANI, A 4000 ISLAND BOULEVARD, PH 2 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: <u><i>[Signature]</i></u> Alan Matus 4-28-04 305-937-7876 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					