

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005517

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** WIB, INC.

**Current Principal Place of Business:**

4000 ISLAND BOULEVARD  
PH 2  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 ISLAND BOULEVARD  
PH 2  
AVENTURA, FL 33160 US

**New Mailing Address:**

**FEI Number:** 65-0904441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**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: CD ( ) Delete  
Name: TRUMP, EDDIE  
Address: 4000 ISLAND BLVD  
City-St-Zip: WILLIAMS ISLAND, FL

Title: VSTD ( ) Delete  
Name: LIEB, JAMES M  
Address: 4 STAGE COACH RUN  
City-St-Zip: EAST BRUNSWICK, NJ

Title: D ( ) Delete  
Name: TRUMP, JULIUS  
Address: 4000 ISLAND BLVD  
City-St-Zip: WILLIAMS ISLAND, FL

Title: EVP ( ) Delete  
Name: HIRSCH, MARK S  
Address: 405 LEXINGTON AVE  
City-St-Zip: NEW YORK, NY 10174

Title: AVP ( ) Delete  
Name: TORPEY, CARITE L  
Address: 4 STAGE COACH RUN  
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: VPAS ( ) Delete  
Name: AMRANI, AYELET  
Address: 4000 ISLAND BOULEVARD, PH 2  
City-St-Zip: AVENTURA, FL 33160

**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: VPAS (X) Change ( ) Addition  
Name: CIACCHI, BETTY  
Address: 4000 ISLAND BOULEVARD, PH 2  
City-St-Zip: AVENTURA, FL 33160

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: CARITE L TORPEY

AVP

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date