

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005517

FILED
Apr 16, 2008
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 HAYES 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 (X) Delete
Name: CIACCHI, BETTY
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: C (X) Change () Addition
Name: TRUMP, JULIUS
Address: 4000 ISLAND BLVD
City-St-Zip: WILLIAMS ISLAND, FL

Title: SVP (X) Change () Addition
Name: ELBERT, DONALD J
Address: 4000 ISLAND BLVD PH2
City-St-Zip: AVENTURA, FL 33160

Title: AVP (X) Change () Addition
Name: TORPEY, CARITE L
Address: PO BOX 186
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

Electronic Signature of Signing Officer or Director

AVP

04/16/2008

_____ Date