


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # G06833 1. Entity Name WARECO ENTERPRISES, INC. |  |
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| Principal Place of Business 2970 LUCKIE ROAD FT LAUDERDALE, FL 33331 | Mailing Address 2970 LUCKIE RD FT LAUDERDALE, FL 33331 |
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03262007 No Chg-P CR2E034 (11/05)

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|--|--------------------------------|
| 4. FEI Number 59-2347489 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KRAIZGRUN, DAVID
2970 LUCKIE RD
FT LAUDERDALE, FL 33331

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000709897
04/25/07-80022-008 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS KRAIZGRUN, DAVID 2970 LUCKIE RD FT LAUDERDALE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KRAIZGRUN, PAULINE 2970 LUCKIE RD WESTON, FL 33331 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **President 3/26/07 (305) 992-8467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #