

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # G35881 1. Entity Name THE WHEEL ENTERPRISES INC.					
Principal Place of Business 1951 N.W. 44TH STREET POMPANO BEACH FL 33064			Mailing Address 1951 N.W. 44TH STREET POMPANO BEACH FL 33064		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2310249 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LACENTRA, CHARLES A 1951 N.W. 44TH STREET POMPANO BEACH FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACENTRA, CHARLES A 1951 N.W. 44TH STREET POMPANO BEACH FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000509633 04/28/06-80049-020 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACENTRA, HEATHER A 1951 N.W. 44TH STREET POMPANO BEACH FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			



1st MOORE CR2E034 (10/05)

SIGNATURE: _____
CHARLES A. LACENTRA PRESIDENT

04/11/2006 (954)973-4331

Date Daytime Phone #