

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06756

FILED
Apr 05, 2006
Secretary of State

Entity Name: W. GOZDZ ENTERPRISES, INC.

Current Principal Place of Business:

1876 N UNIVERSITY DR
201-O
FORT LAUDERDALE, FL 33322 US

Current Mailing Address:

1876 N UNIVERSITY DR
201-O
FORT LAUDERDALE, FL 33322 US

FEI Number: 59-2662622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOZDZ, WANDA E
1876 N UNIVERSITY DR
201-O
PLANTATION, FL 33322 US

New Principal Place of Business:

3880 HWY A1A
1203
FORT PIERCE, FL 34949 US

New Mailing Address:

3880 HWY A1A
#1203
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

GOZDZ, WANDA E
3880 HWY A1A
#1203
FORT PIERCE, FL 34949 US

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:

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOZDZ, WANDA E.,
Address: 1876 N UNIVERSITY DR #201-O
City-St-Zip: FORT LAUDERDALE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOZDZ, WANDA E.,
Address: 3880 HWY A1A #1203
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the 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: WANDE E GOZDZ

P

04/05/2006

Electronic Signature of Signing Officer or Director

Date