


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # J58949 1. Entity Name WEXLER INTERNATIONAL, INC.	
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Principal Place of Business 1120 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US	Mailing Address P.O. BOX 431245 SOUTH MIAMI, FL 33243-1245 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1219972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEXLER, MICHAEL J.
1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEXLER, MICHAEL J. 7970 SW 145 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WEXLER, JUDITH G. 7970 SW 145 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEXLER, STEVEN M. 12200 SW 70TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALARDI, MINNA 11541 D SW 109 RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80041-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  1/11/2005 (305) 445-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____