## 2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # K24887** 1. Entity Name WEISS & WOOLRICH SOUTHERN ENTERPRISES, INC. Principal Place of Business Mailing Address 1431 SW 30TH AVENUE 1431 SW 30TH AVENUE DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 t immonest dim eemer aktuur elikul pulik emal usuke usuk usuke uibse ainii usuki ukukiluust te saal DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

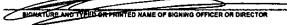
**FILED** Jan 19, 2007 08:00 AM **Secretary of State** 

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							\$8.75 Additional	
				5. Certificate	of Status Desired		Fee Required	
,	6. Name and Address of Current Regis	tered Agent						
HENRY, GEMBALA B PRES 6654 GRANDE ORCHID WAY DELRAY BEACH, FL 33446			DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registers	ed office or re	egistered agent, or bo	th, in the State of F	florida. I an	n familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	d Agent signature	required when reinstating)	<del></del>	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	, Não gão	059299	9	
10.	OFFICERS AND DIREC	OTORS	I	<del></del>	<del>' 51% दद्ध% 51%</del>	<del>-99813</del>	<del>U15 -15U : UU</del>	
THEE NAME STREET ADDRESS CITY-ST-ZIP	D JEFF, WEISS D 5152 MW 109 TERRACE CORAL SPRINGS, FL 33076							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GEMBALA, HENRY B PRES 6654 GRANDE ORCHID WAY DELRAY BEACH, FL 33446							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HENRY, GEMBALA B PRES 6654 GRANDE ORCHID WAY DELRAY BEACH, FL 33446		DO NOT WRITE					
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TITLE NAME		<del></del>						

CITY-ST-ZIP 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS



Daytime Phone #