

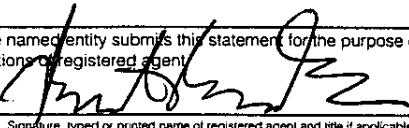
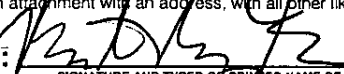


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90008 037 ***158.75

DOCUMENT # K70547 1. Entity Name WLMC REGISTERED AGENTS, INC.					
Principal Place of Business 80 SW 8TH STREET 31ST FLOOR MIAMI, FL 33130			Mailing Address 80 SW 8TH STREET 31ST FLOOR MIAMI, FL 33130		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0089263	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LUCIO, SATURNINO 80 SW 8TH STREET 31ST FLOOR MIAMI, FL 33130			7. Name and Address of New Registered Agent Name PETER E. BRONSTEIN Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th STREET, SUITE 3100 City Miami FL Zip Code 33130		
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  PETER E. BRONSTEIN 2/17/04 <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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIPHANY, GARY T 80 SW 8TH STREET SUITE 3100 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIPHANY, GARY T. 80 SW 8 STREET, SUITE 3100 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS. LUCIO, SATURNINO E. 80 SW 8TH STREET SUITE 3100 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM BRONSTEIN, PETER E. 80 SW 8 STREET, SUITE 3100 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMV BRONSTEIN, PETER E. 80 SW 8TH STREET SUITE 3100 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARBETT, DAVID S. 80 SW 8 STREET, SUITE 3100 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALLEN, PHILIP A 80 SW 8TH STREET SUITE 3100 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, PHILIP A. 80 SW 8 STREET, SUITE 3100 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  PETER E. BRONSTEIN 2/17/04 305-579-0012 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					