


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01893</b>	
1. Entity Name WSK ENTERPRISES, INC.	

Principal Place of Business 1100 S.E. 5TH CT. #20 POMPANO BEACH, FL 33060 US	Mailing Address 1100 S.E. 5TH CT. #20 POMPANO BEACH, FL 33060 US
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**DO NOT WRITE IN THIS SPACE**



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0178917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KURIAN, WAYNE  
1100 SE 5TH CT #20  
POMPANO BEACH, FL 33060

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000402410 02/03/06-80007-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURIAN, WAYNE 1100 SE 5TH CT #20 POMPANO BEACH FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURIAN, SUSAN 1100 SE 5TH CT #20 POMPANO BEACH FL,
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12. 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.

SIGNATURE: Susan Kurian 1-23-06 (954) 781-7919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #