


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L90863 1. Entity Name <u>WEINFURTNER ASSOCIATES, INC.</u>	
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Principal Place of Business 6175 NW 153 STREET SUITE 201 MIAMI LAKES, FL 33014 US	Mailing Address 6175 NW 153 STREET SUITE 201 MIAMI LAKES, FL 33014 US
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**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0212572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WEINFURTNER, GEORGE W.  
6175 N. W. 153 STREET  
SUITE 201  
MIAMI LAKES, FL 33014

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000889789  
04/22/08-80065-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEINFURTNER, GEORGE W. 16680 S.W. 77TH AVE. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINFURTNER, ELAINE ANN 16680 S.W. 77TH AVE. MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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, the empowered.

SIGNATURE: *[Signature]* **4/7/08** 305-557-1832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #