2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M08957

1. Entity Name
THE WICKER PLACE, INC.

Principal Place of Business	Mailing Address
2481 N. W. 77TH TERRACE MIAMI, FL 33147	2481 N. W. 77TH TERRACE MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

04222005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2480790		Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYN, BENGT E
3432 TORREMOLINOS AVE
MIAMI, FL 33178

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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 _____
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BRYN, BENGT
STREET ADDRESS	3432 TORREMOLINOS AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	P
NAME	BRYN, BENGT
STREET ADDRESS	3432 TORREMOLINOS
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	ST
NAME	BRYN, BENGT
STREET ADDRESS	3432 TORREMOLINOS AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____   BENGT BRYN 4-27-05 305-836-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #