


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**


05-02-2006 90165 036 \*\*\*150.00

DOCUMENT # M08957 1. Entity Name THE WICKER PLACE, INC.	
---	---

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

**DO NOT WRITE IN THIS SPACE**

40010100



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2480790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYN, BENGT E  
 3432 TORREMOLINOS AVE  
 MIAMI, FL 33178

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

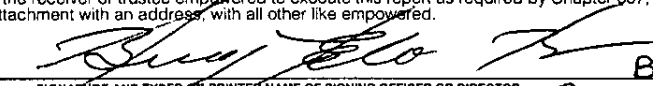
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRYN, BENGT 3432 TORREMOLINOS AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRYN, BENGT 3432 TORREMOLINOS MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BRYN, BENGT 3432 TORREMOLINOS AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 like empowered.

SIGNATURE:  BENGT BRYN 305-836-3499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PVPST 4-28-06 Date Daytime Phone #