

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15825

FILED
Apr 21, 2004
Secretary of State

Entity Name: WOMETCO SERVICES, INC.

Current Principal Place of Business:

3195 PONCE DELEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3195 PONCE DELEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

3195 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

FEI Number: 59-2549389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, THOMAS W.
3195 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SMITH, THOMAS W PRES
3195 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

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.

SIGNATURE: THOMAS W SMITH

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BROWN, MICHAEL S.,
Address: 3195 PONCE DELEON BLVD.
City-St-Zip: CORAL GABLES, FL

Title: P () Delete
Name: SMITH, THOMAS W.
Address: 3195 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: KRAUSE, DAVID,
Address: 3195 PONCE DELEON BLVD.
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BROWN, MICHAEL S
Address: 3195 PONCE DELEON BLVD.
City-St-Zip: CORAL GABLES, FL

Title: P (X) Change () Addition
Name: SMITH, THOMAS W
Address: 3195 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL

Title: S (X) Change () Addition
Name: KRAUSE, DAVID
Address: 3195 PONCE DELEON BLVD.
City-St-Zip: CORAL GABLES, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W SMITH

PRES

04/21/2004

Electronic Signature of Signing Officer or Director

Date