

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M88078**

1. Entity Name  
**WEINGOLD INDUSTRIES, INC.**



Principal Place of Business  
**3806 NW 65TH LN  
BOCA RATON, FL 33496 US**

Mailing Address  
**7040 W. PALMETTO PK, RD  
SUITE # 2413  
BOCA RATON, FL 33433 US**



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1247859**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FACSINA, MARIELLEN  
4009 EAGLE COURT  
PALM HARBOR, FL 33584**

**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 *X Mariellen L* **MARIELLEN FACSINA** SEC  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

*X* **4/13/06**  
DATE

**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          | P                     |
| NAME           | WEINGOLD, JACK        |
| STREET ADDRESS | 3806 NW 65TH LN       |
| CITY-ST-ZIP    | BOCA RATON, FL        |
| TITLE          | S                     |
| NAME           | FACSINA, MARIELLE     |
| STREET ADDRESS | 1450 WETHERINGTON WAY |
| CITY-ST-ZIP    | PALM HARBOR, FL 34583 |
| 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 *X Mariellen L* **MARIELLEN FACSINA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X* **4/13/06**  
Date

Daytime Phone #