

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009194

1. Entity Name
WAKO USA INC



Principal Place of Business

**1373 CRAWFORD DR
APOPKA, FL 32703**

Mailing Address

**1373 CRAWFORD DR
APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
82-0574553

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUTCHER, CYNTHIA J
1740 CYPRESS AVENUE
ORANGE CITY, FL 32763**

**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 reappointing)

000000791864
01/23/08-80094-005 8.75

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000791864
01/23/08-80094-004 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME RODRIGUES, DONALD CO-P
STREET ADDRESS 105 BUDLONG FARM RD
CITY-ST-ZIP WARWICK, RI 02886

TITLE VP
NAME ROFFEY, DAWN J CO-VP
STREET ADDRESS 72 WOODBURY DRIVE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE P
NAME THOMAS, CLAVIN CO-P
STREET ADDRESS 1373 CRAWFORD DR
CITY-ST-ZIP APOPKA, FL 32703

TITLE VP
NAME FESTA, THOMAS CO-VP
STREET ADDRESS 222 FAIRFIELD AVE
CITY-ST-ZIP CARLE PLACE, NY 11514

TITLE D
NAME ANDERSON, MICHAEL
STREET ADDRESS 3376 21ST PLACE S W
CITY-ST-ZIP LARGO, FL 33774

TITLE D
NAME ERVIN, THOMAS
STREET ADDRESS 8 GOLDEN GATE LANE
CITY-ST-ZIP WILMINGTON, DE 19810

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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAWN J Roffey

1-16-2008

4075095252

Date

Daytime Phone #