2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N03000001 "W" PROJECT, INC.	872						05-03-2004	91053	044 ****(61.25
700 NE 26TH TERRACE S 302 70			Maifing Address 700 NE 26TH TERRACE S 302 MIAMI, FL 33137				24065857				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0430	2004 (Chg-NP	CR2E	037 (10/03)		
City & State			City & State			4. FE	Number 2-15	68733	-		optied For of Applicable
Zip Country		Zip			untry			Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registere	d Agent			7. Na	me and Ad	dress of New F	registere	I Agent	
					Name						
XANTHOPOULOU, PAULA 700 NE 26TH TERRACE S 302 MIAMI, FL 33137			Street Addres			ress (P.O. Bo	x Number is	Not Acceptable	e)		
WILMIN, FL											
· · · · · · · · · · · · · · · · · · ·					City.				F	L Zip Coo	te
	named entity submits this statement for tions of registered agent.	r the purp	ose of changing its	register	ed office or re	gistered ager	nt, or both, i	n the State of Fi	orida. I ar	n familiar with,	and accept
SIGNATURE	26 X		AULA XA	INF				1	29/0	4	
4.00	Signature, hipsed or printed name of registered agent a	and title if app	licable. (NOTE	: Registere	ed Agent signature r	required when rein:	stating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	and title if app	9. Election Carr Trust Fund C	npaign f	Financing	\$5.00	May Be to Fees		lake che	ck payable t artment of S	
10.	Filing Fee is \$61.25		9. Election Carr	npaign f	Financing tion.	\$5.06 Added	May Be to Fees		lake che ida Dep	ck payable tertment of S	tate
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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 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: Clarice & Pollock CLARICE B. POLLOCK
BIGHATURE AND TYPED ON PRINTED NAME OF BIGHAND OFFICER ON DIRECTOR

4/30/04

(954) 458-9081