

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006703

Entity Name: WHAC CORPORATION

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

2027B W. DIXIE HWY
POMPAN BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

2027B W. DIXIE HWY
POMPAN BEACH, FL 33060

New Mailing Address:

2027B. NORTH DIXIE HWY
POMPAN BEACH, FL 33060

FEI Number: 45-0550671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST.HILAIRE, DICKENS
4350 NE 1ST TER
POMPAN BEACH, FL 33064 US

Name and Address of New Registered Agent:

ST.HILAIRE, DICKENS
4350 NE 15TH TER
POMPAN BEACH, FL 33064 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: DICKENS ST.HILAIRE

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORELUS, ELUMA P
Address: 5237 N. DIXIE HWY #B 1
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VP () Delete
Name: PAPAYOUTE, MAX VP
Address: 121 NE 31ST STREET
City-St-Zip: POMPAN BEACH, FL 33064

Title: D () Delete
Name: LAROCHE, SAMUEL
Address: 150 W SAMPLE RD #110
City-St-Zip: POMPAN BEACH, FL 33064

Title: T () Delete
Name: ST. HILAIRE, DICKENS
Address: 1840 NW 2ND AVE
City-St-Zip: POMPAN BEACH, FL 33060

Title: D () Delete
Name: PABAYOUTE, BEMBELA
Address: 150 W SAMPLE RD #110
City-St-Zip: POMPAN BEACH, FL 33061

Title: D () Delete
Name: PEIRRE, OSIAS
Address: 5200 SW 9TH STREET
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DICKENS ST.HILAIRE

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date