2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jul 23, 2004 8:00 am Secretary of State DOCUMENT # P00000012576 07-23-2004 90007 013 ***158.75 1. Entity Name WAHOO BAY PROPERTIES, INC. Principal Place of Business Mailing Address 626 N.E. 17TH WAY PO BOX 030512 FT. LAUDERDALE FL 33304 FT LAUDERDALE FL 33303 2. Principal Place of Business 241 30 3. Mailing Address RESIGNE Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (4/04) Applied For 4. FEI Number City & State 65-1079856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUBEL L'AURENCE O Street Address (P.O. Box Number is Not Acceptable) 741 NE 17TH TERR FT. LAUDERDALE FL 33304 TH STIZE 8. The above named entity submits this statement for the purpose of changing its registered disc both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$550.00 💢 🖟 S.607.193(2)(b), F.S., allows for the manufacture fee. By checking this box, the corporation certifies it S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete RUBEL, LAURENCE O MAME MALAF 620 N.E. 17TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FF: LAUDERDALE PL 33984 CITY-ST-ZIP SD TITLE ☐ Delete MLE Addition RUBEL, ISABEL S NAME NAME 628 N.E. 177H WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. LAUDERDALE Pl. 99904 Hille □ Delete TITLE ☐ Addition NAME NAME RUBEL, STANLEY B STREET ADDRESS 626 N.E. 17TH WAY STREET ADORESS CITY-ST-74P CITY-ST-ZIP FF: LAUDERDALE FL-33304 ☐ Delete MLE TETLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP III) F ☐ Delete TITL S ☐ Change ☐ Addition NAME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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 trusted 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 adoless, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

577-841-233