## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000046399

Entity Name: CORPWIZ REGISTERED AGENTS, INC.

FILED Mar 07, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

8750 NW 36 STREET 8750 NW 36 STREET SUITE 425 SUITE 425 MIAMI, FL 33178 DORAL, FL 33178

**Current Mailing Address: New Mailing Address:** 

8750 NW 36 STREET 8750 NW 36 STREET SUITE 425 SUITE 425 MIAMI, FL 33178 DORAL, FL 33178

FEI Number: 59-3647943 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WERMUTHLAW P. A WERMUTHLAW P. A 8750 NW 36 STREET 8750 NW 36 STREET SUITE 425 SUITE 425 DORAL, FL 33178 US MIAMI, FL 33178 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: ASTRID WERMUTH 03/07/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition WERMUTH, ASTRID WERMUTH, ASTRID Name: Name:

8750 NW 36 STREET, SUITE 425 Address: 8750 NW 36 STREET, SUITE 425 Address:

MIAMI, FL 33178 DORAL, FL 33178 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition ROYO, PATRICIA Name: Name: ROYO, PATRICIA

Address:

8750 NW 36 STREET, SUITE 425 Address: 8750 NW 36 STREET, SUITE 425

MIAMI, FL 33178 DORAL, FL 33178 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete JIMENEZ, MABEL Name: JIMENEZ, MABEL Name:

8750 NW 36 STREET, SUITE 425 Address: 8750 NW 36 STREET, SUITE 425 Address:

City-St-Zip: MIAMI, FL 33178 City-St-Zip: DORAL, FL 33178

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTRID WERMUTH PD 03/07/2008