

2004-2005 BUSINESS REPORT (UBR)

DOCUMENT.# P00000078589

1. Entity Name

W.C. Investment & Remodeling, INC.

Principal Place of Business

Mailing Address

633 NE 167 Street
N. Miami Beach FL 33162

2. Principal Place of Business

3. Mailing Address

633 NE 167 Street 20816 SW 86 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

City & State

City & State

4. FEI Number

Applied For

65-1037867

Not Applicable

Zip

Country

Zip

Country

33167

FL

33189

FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MRD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ILFRENISE STEPHEN
20816 SW 86 AVENUE
MIAMI FL 33189

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

20816 SW 86 AV

City

Miami

FL

Zip Code

33189

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/04

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 15 2004 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ILFRENISE STEPHEN
STREET ADDRESS 20816 SW 86 AV
CITY- ST- ZIP Miami FL 33189

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500038100795
06/21/04--01003--008 **150.00

TITLE V/S
NAME ILFRENISE STEPHEN
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S/D
NAME ILFRENISE STEPHEN
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V/H/D
NAME ILFRENISE STEPHEN
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ILFRENISE STEPHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Day: Phone #

CR2E034 (11/00)