2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078589

Entity Name: WC INVESTMENTS & REMODELING, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18800 NW 2ND AVE MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

18800 NW 2ND AVE MIAMI, FL 33169

FEI Number: 65-1037867 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:

 ILFRENISE, STEPHEN
 ILFRENISE, CHARLEMAGNE

 20816 SW 86 AVE
 20816 SW 86 AVE

 MIAMI, FL 33189
 US

 MIAMI, FL 33189
 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: ILFRENISE CHARLEMAGNE 04/30/2005

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 DEMINGO, JUAN CHARLEMAGNE, ILFRENISE Name: Name: 2081SW 86 AVE 17521 SW 73 COURT Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

ty-dezip. Wilding to 33190 City-dezip. Wilding to BAT, TE 3319

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 ILFREUISE, STEPHEN
 Name:
 ILFRENISE, CHARLEMAGNE

 Address:
 20816 SW 86 AVE
 Address:
 20816 SW 86 AVE

Address: 208 to SW 86 AVE Address: 208 to SW 86 AVE
City-St-Zip: MIAMI, FL 33189 City-St-Zip: MIAMI, FL 33189

Title: T () Delete Title: T (X) Change () Addition Name: ILFRENISE, STEPHEN Name: ILFRENISE, CHARLEMAGNE

Address: 20816 SW 86 AVE Address: 17521 SW 73 CT

City-St-Zip: MIAMI, FL 33189 City-St-Zip: PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ILFRENISE CHARLEMAGNE P 04/30/2005