

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000100415

1. Entity Name  
WKL & ASSOCIATES, INC.



**FILED  
Mar 04, 2005 8:00 am  
Secretary of State**

03-04-2005 90074 002 \*\*\*150.00

40025950



02172005 Chg-P CR2E034 (10/03)

Principal Place of Business 130 NE 40TH STREET SUITE 9 MIAMI, FL 33137		Mailing Address 130 NE 40TH STREET SUITE 9 MIAMI, FL 33137	
2. Principal Place of Business 4141 NE 2nd Ave Ste 101-I		3. Mailing Address 4141 NE 2nd Ave Ste 101-I	
Suite, Apt. #, etc. Ste 101-I		Suite, Apt. #, etc. Ste 101-I	
City & State Miami, FL		City & State Miami, FL	
Zip 33137	Country	Zip 33137	Country USA
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Robinson, William C Street Address (P.O. Box Number is Not Acceptable) 200 Courthouse Plaza 28 West Flagler City Miami	
		Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.			

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSCOE, WARREN 436 NW 18TH STREET HOMESTEAD, FL 330303163	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roscoe, Warren 1689 South Goldeneye Lane Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, CHRISTOPHER 147 NE 158 STREET MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, KEVIN M 311 WASHINGTON AVENUE APT D-4 BROOKLAND, NY 11025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLSWORTH, LEWIS 915 NW 1ST AVENUE MIAMI, FL 33136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, WILLIE C 3900 ESTEPONA AVENUE MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2005 Presd

Date

Daytime Phone #