

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90298 017 ***150.00



DOCUMENT # P01000005119

1. Entity Name
W.E. ASSOCIATES INC.

Principal Place of Business Mailing Address
4801 N.W. 34TH STREET **4801 N.W. 34TH STREET**
401-GG **401-GG**
LAUDERDALE LAKES FL 33319 **LAUDERDALE LAKES FL 33319**



2. Principal Place of Business 3. Mailing Address
4801 N.W. 34th St. **4801 N.W. 34th St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
401-GG **401-GG**

1st MOORE CR2E034 (10/05)

City & State City & State
Lauderdale Lakes **Lauderdale Lakes**
 Zip Country Zip Country
33319 **Broward** **33319** **Broward**

4. FEI Number Applied For
04-9249322 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SICKLES, BARRY M ESQ.
3300 UNIVERSITY DRIVE SUITE #210
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 William M. Busk (Barry M. Sickles ESQ) DATE 4/14/06
Signature, typed or printed name of registered agent and title if applicable Signature of registered agent (required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete BUSK, WILLIAM M 4801 N.W. 34TH STREET APT. 401 G LAUDERDALE LAKES FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete TANGORRRA, FILIPPO 5509 BANYAN LANE TAMARAC LAKES FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SATEL, JANE 4801 N.W. 34TH STREET APT. 401 G LAUDERDALE LAKES FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: William M. Busk Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR