


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90353 019 ***150.00

DOCUMENT # P01000008622 1. Entity Name WRIGHT BUSINESS SERVICES COMPANY					
Principal Place of Business 2026 NW 191 AVE PEMBROKE PINES, FL 33029			Mailing Address 2026 NW 191 AVE PEMBROKE PINES, FL 33029		
2. Principal Place of Business 8401 SW 19th ST Suite, Apt. #, etc.		3. Mailing Address 8401 SW 19th ST Suite, Apt. #, etc.			
City & State North Lauderdale, FL Zip 33068 Country		City & State North Lauderdale, FL Zip 33068 Country		4. FEI Number 65-1083494	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WRIGHT, ROSANNE 2026 NW 191 AVE PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent Name Wright, Rosanne Street Address (P.O. Box Number is Not Acceptable) 8401 SW 19th ST City North Lauderdale State FL Zip Code 33068		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WRIGHT, ROSANNE 2026 NW 191 AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wright, Rosanne 8401 SW 19th ST North Lauderdale, FL 33068	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rosanne Wright</u> <u>Rosanne Wright</u> <u>1/24/06</u> <u>786-412-8747</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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