


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000030210
 1. Entity Name
 W.A.T. ENTERPRISES, INC.



Principal Place of Business
 1271 NW 195 STREET
 MIAMI, FL 33169

Mailing Address
 1271 NW 195 STREET
 MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-1092074 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, WENDELL
 1271 NW 195 STREET
 MIAMI, FL 33169

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, WENDELL SR
STREET ADDRESS	1271 NW 195 STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	VD
NAME	WILLIAMS, JONAIN N
STREET ADDRESS	1271 NW 195 STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	SD
NAME	TWIGGS, SHIRLEY A
STREET ADDRESS	1271 NW 195 STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	T
NAME	AUGUSTINE, MICHELLE M
STREET ADDRESS	1271 NW 195TH STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	SD
NAME	WILLIAMS, COURTNEY L
STREET ADDRESS	1570 NW 182 TERR
CITY - ST - ZIP	PEMBROKE PINES, FL 33169
TITLE	AT
NAME	WILLIAMS, JR., WENDELL
STREET ADDRESS	35 SIERRA DRIVE
CITY - ST - ZIP	MIAMI, FL 33179

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 04/05/04-80031-024 150.00

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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: Michelle Augustine Michelle Augustine 4-2-04 (305)653-0739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #