

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 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**



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number 65-1092074 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WILLIAMS, WENDELL
1271 NW 195 STREET
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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

UN00000270158
03/19/05-80040-004 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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.

(Treasurer)

SIGNATURE: *Michelle Augustine* *Michelle Augustine* *3-16-05* *305-653-0739*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #