

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 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**



03292006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 the filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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, JONAIANE 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

U000000491839  
04/19/06-80039-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Michelle Augustine* **Michelle Augustine (Treasurer)**

**3-30-06 305-653-0739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #