FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90945 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042792

1. Entity Name
WREC, INC.

Principal Place of Business	Mailing Address
~~4204 SW 141 AVE~~ ~~DAVIE, FL 33330~~	~~4204 SW 141 AVE~~ ~~DAVIE, FL 33330~~

2. Principal Place of Business	3. Mailing Address
14430 GREENBRIAR	14430 GREENBRIAR PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State: DAVIE FL.
Zip: 33325 Country: BROW	Zip: 33325 Country: BRO

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1097084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWEET, DAVID ~~4204 SW 141 AVE~~ ~~DAVIE, FL 33330~~	Name: Street Address (P.O. Box Number is Not Acceptable): 14430 GREENBRIAR PL City: DAVIE FL Zip Code: 33325

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] DATE: 4/9/03

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: SWEET, DAVID STREET ADDRESS: ~~4204 SW 141 AVE~~ CITY-ST-ZIP: DAVIE, ~~FL 33330~~	☐ Delete	TITLE NAME STREET ADDRESS: 14430 GREENBRIAR PL CITY-ST-ZIP: DAVIE, FL. 33325	☑ Change ☐ Addition
TITLE: D NAME: CAMPIGOTTO, JIM STREET ADDRESS: 3941 NW 5 DR CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4/9/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #