

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90098 037 ***150.00

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1. Entity Name
WELLBILT INTERNATIONAL CORPORATION



Principal Place of Business
8600 NW SOUTH RIVER DR
STE #111
MIAMI, FL 33166

Mailing Address
8600 NW SOUTH RIVER DR
STE #111
MIAMI, FL 33166

94006763



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1150997

Applied For

Not Applicable

Zip

Country

Zip

Country

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

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE, SUITE 330
BOCA RATON, FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
VSD
HICKS, PAUL F
1 GROVE ISLE DR # 1502
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
VAN KATWYK, ALINA
6957 WILLOW LN
MIAMI LAKES, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
KRONICK, SHERMAN
800 NE 195TH ST APT 219
N MIAMI BEACH, FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
VAN KATWYK, ALINA
6957 WILLOW LANE
MIAMI LAKES, FL 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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:

Alina Van Katwyk, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 2004 (305) 884-8020
Date Daytime Phone #