


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90178 045 \*\*\*150.00

<b>DOCUMENT # P01000092014</b>	
1. Entity Name <b>WGP ENTERPRISES, INC.</b>	

Principal Place of Business <b>815 SPRING CR #203 DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>815 SPRING CR #203 DEERFIELD BEACH, FL 33441</b>
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**50022156**

2. Principal Place of Business <b>21360 CHINABERRY DRIVE</b>	3. Mailing Address <b>21360 CHINABERRY DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>BOCA RATON, FL</b>	City & State
Zip <b>33428</b>	Country <b>PALESTINE</b>



02262005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1138067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>DE PAULA RIBEIRO, GERALDO 815 SPRING CR. # 203 DEERFIELD BEACH, FL 33441</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>21360 CHINABERRY DRIVE</b> City <b>BOCA RATON</b> FL Zip Code <b>33428</b>
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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: *Geraldo Ribeiro* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE PAUL RIBEIRO, GERALDO 815 SPRING CR #203 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>21360 CHINABERRY DRIVE BOCA RATON, FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PACHECO ANDRADE, WILSON 815 SPRING CR #203 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>868 TIVOLI CR APT 101 DEERFIELD BEACH, FL 33441</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Geraldo Ribeiro* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #