

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # P01000100642 | | | | | |
| 1. Entity Name W. R. D. A., INC. | | | | | |
| Principal Place of Business 2750 SW 26TH AVE., STE F COCONUT GROVE, FL 33133 | | | Mailing Address 2750 SW 26TH AVE., STE F COCONUT GROVE, FL 33133 | | |
| 2. Principal Place of Business 4977 SW 74 Court Suite, Apt. #, etc. | | 3. Mailing Address 4977 SW 74 Court Suite, Apt. #, etc. | | | |
| City & State Miami, Florida | | City & State Miami, Florida | | 4. FEI Number 65-1146008 | |
| Zip 33155 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 09132005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent SMIT, PETER 219 RIDGEWOOD RD. CORAL GABLES, FL 33133 | | | 7. Name and Address of New Registered Agent Name: <u>Rafael Pena, Jr.</u> Street Address (P.O. Box Number is Not Acceptable): 4977 SW 74 Court City: <u>Miami</u> <u>FL</u> Zip Code: <u>33155</u> | | |
| 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: <u>Rafael Pena, Jr.</u> DATE: <u>9/22/05</u> <small>Signature of individual or corporate agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE: P NAME: SMIT, PETER STREET ADDRESS: 2750 SW 26TH AVE., STE F CITY-ST-ZIP: COCONUT GROVE, FL 33133 | <input checked="" type="checkbox"/> Delete | | TITLE: President NAME: Rafael Pena, Jr. STREET ADDRESS: 4977 SW 74 Court CITY-ST-ZIP: Miami, Florida 33155 | <input type="checkbox"/> Change <input checked="" 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 | |
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| 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: <u>Rafael Pena, Jr.</u> | | | 9/22/05 (305) 666-2131 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

FILED
05 SEP 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

