

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90003 020 ***150.00

DOCUMENT # P02000023063

1. Entity Name
WONDERTEC INTERNATIONAL, INC.



Principal Place of Business

8180 N.W. 36 STREET
SUITE 100
MIAMI, FL 33166

Mailing Address

8180 N.W. 36 STREET
SUITE 100
MIAMI, FL 33166

34003731



01312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
43-1952946

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAX, ROBERT
8180 N.W. 36 STREET
SUITE 100
MIAMI, FL 33166

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SAX, EDWARD**
STREET ADDRESS **8180 N.W. 36 STREET #100**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **ST** ☒ Delete
NAME **RODMON, STANLEY**
STREET ADDRESS **15387 LOYALTY ROAD**
CITY-ST-ZIP **WATERFORD, VA 20197**

TITLE **PD** ☒ Delete
NAME **SHEALY, WALTER D III**
STREET ADDRESS **20977 US HIGHWAY 76**
CITY-ST-ZIP **NEWBERRY, SC 29108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
DARLYNE KOSS
8180 NW 36 ST #100
MIAMI FL 33166

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 31 2004

Date

Daytime Phone #

305-592-1411
64140