


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90074 005 ***150.00

DOCUMENT # P02000035656

1. Entity Name
WKL II AND ASSOCIATES, INC.



Principal Place of Business
19780 NW 27TH AVE
MIAMI, FL 33055

Mailing Address
130 NE 40TH STREET
9
MIAMI, FL 33137

2. Principal Place of Business
4141 NE 2nd Ave

3. Mailing Address
4141 NE 2nd Ave

Suite, Apt. #, etc.
Ste 101-I

Suite, Apt. #, etc.
Ste 101-I

City & State
Miami, FL

City & State
Miami, FL

Zip
33137 Country
USA

Zip
33137 Country
USA



02172005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0646363

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, WILLIAM C
28 W FLAGLER STREET
220
MIAMI, FL 33130

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 _____ DATE _____
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, 2005 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-ST-ZIP	
P	ROBINSON, WILLIE C	3900 ESTEPONA AVE	MIAMI, FL 33178	<input type="checkbox"/> Delete
D	WARREN, ROSCOE	436 NW 18TH STREET	HOMESTEAD, FL 330303163	<input type="checkbox"/> Delete
D	ROBINSON, KEVIN M	311 WASHINGTON AVE D-4	BROOKLYN, NY 11025	<input checked="" type="checkbox"/> Delete
D	ROBINSON, LEWS E	915 NW 1ST AVE	MIAMI, FL 33136	<input type="checkbox"/> Delete
D	ROBINSON, WILLIAM C	147 NE 158TH STREET	MIAMI, FL 33162	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: Willie C Robinson 2/27/2005 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #