

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000035656

1. Entity Name
WKL II AND ASSOCIATES, INC.



Principal Place of Business

**4141 NE 2ND AVE
STE 101-I
MIAMI, FL 33137**

Mailing Address

**4141 NE 2ND AVE
STE 101-I
MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROBINSON, WILLIE C
STREET ADDRESS 3900 ESTEPONA AVE
CITY-ST-ZIP MIAMI, FL 33178

TITLE D
NAME WARREN, ROSCOE
STREET ADDRESS 436 NW 18TH STREET
CITY-ST-ZIP HOMESTEAD, FL 330303163

TITLE D
NAME ROBINSON, LEWIS E
STREET ADDRESS 915 NW 1ST AVE
CITY-ST-ZIP MIAMI, FL 33136

TITLE D
NAME ROBINSON, WILLIAM C
STREET ADDRESS 147 NE 158TH STREET
CITY-ST-ZIP MIAMI, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #