


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000046758</b>		
1. Entity Name <b>THE WINGUM COMPANY</b>		
Principal Place of Business <b>2300 S.W. 90TH AVENUE MIAMI, FL 33165</b>	Mailing Address <b>2300 S.W. 90TH AVENUE MIAMI, FL 33165</b>	



04082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>82-0551629</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STARK, SILVIA 2300 S.W. 90TH AVENUE MIAMI, FL 33165</b>	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title (Applicable) (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"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDELMAN, MARIO JUAN 2300 S.W. 90TH AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GULDIN, EDUARDO RUBEN 2300 S.W. 90TH AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAMBA, GUILLERMO O 2300 S.W. 90TH AVENUE MIAMI, FL 33165
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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)(f), 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:**  **Silvia Stark** **4-11-05** **305 559-7655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #