## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P02000079202  1. Entity Name WOHLO, INC.			Secretary of State				
Principal Placi 7055 NW 2 1 BOCA RATON	rerr	Mailing Address 7055 NW 2 TERR BOCA RATON, FL 33487			1 <b>82</b> 118 11811 <b>35</b> 111 <b>3</b> 5111 <b>5</b> 6		T (1881) KBNIK (1818BY 11 1881
D	O NOT WRITE	CE	03292004 No Chg-P CR2E034 (10/03)  4. FEI Number				
6. Name and Address of Current Registered Agent  JOLLY, RENE C 7055 NW 2 TERR BOCA RATON, FL 33487			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, if am familiar with, and accept the obligations of registered agent.  9. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstativity)  9. Election Campalgn Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00  1. Trust Fund Contribution. Added to Fees							
10. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D  D JOLLY, RENE C 7055 NW 2 TERR BOCA RATON, FL 33487  D JOLLY, GEORGES 7055 NW 2 TERR BOCA RATON, FL 33487	RECTORS			(#*\\#\ 05/03/04-	!146187 -20056-(	101 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIBEUSSEL, JACK 7055 NW 2 TERR BOCA RATON, FL 33487 D NOELLE RACINE, FRANCOISE 7055 NW 2 TERR BOCA RATON, FL 33487	DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·			ي پور د بيد د ي

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:

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

4/30/04/
Daytime Phone #