04/14/2005 13:12 5617503963 HR BLOCK F

**FILED**
**May 03, 2005 8:00 am**
**Secretary of State**
05-03-2005 90099 045 ***150.00

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000079202**

1. Entity Name
WOHLO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7055 NW 2 TERR<br>BOCA RATON, FL 33487 | 7055 NW 2 TERR<br>BOCA RATON, FL 33487 |

DO NOT WRITE IN THIS SPACE

04142005 · No Chg-F · CR2E009 (10/03)

4. FEI Number
51-0417471

☐ Applied For
☐ Not Applicable

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

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. 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 ANNUAL FEE $0-$150.00
After May 1, 2005 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | JOLLY, RENE C |
| STREET ADDRESS | 7055 NW 2 TERR |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | D |
| NAME | JOLLY, GEORGES |
| STREET ADDRESS | 7055 NW 2 TERR |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | D |
| NAME | CIBEUSSEL, JACK |
| STREET ADDRESS | 7055 NW 2 TERR |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | D |
| NAME | NOELLE RACINE, FRANCOISE |
| STREET ADDRESS | 7055 NW 2 TERR |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| 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 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: _____
Electronic Signature of Signing Officer or Director Required Date Electronic Signature of Signing Officer or Director Required