

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90289 032 ***150.00

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1. Entity Name
WEBCOMP INC.



Principal Place of Business
**1211-B N. SURF ROAD
HOLLYWOOD, FL 33019**

Mailing Address
**1211-B N. SURF ROAD
HOLLYWOOD, FL 33019**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0738498

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JACQUELINE, SATZ
368 HAWTHORNE HILLS PL
#102
ORLANDO, FL 32835**

**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, 2004 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	JACQUELINE, SATZ
STREET ADDRESS	616 OCEAN BLVD
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	V
NAME	STEPHANIE, SATZ
STREET ADDRESS	616 OCEAN BLVD
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	S/T
NAME	ANDREW, C., SATZ
STREET ADDRESS	616 OCEAN BLVD.
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #