
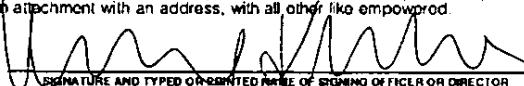


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-20-2007 90048 040 ***150.00

DOCUMENT # P02000100973			
1. Entity Name WOLFGANG K CORP.			
Principal Place of Business 3101 SW 27 AVE 204 COCONUT GROVE FL 33133		Mailing Address 3101 SW 27 AVE 204 COCONUT GROVE FL 33133	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 31 S.E. 5 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 3307	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33131		33131	
4. FEI Number 22-3873100		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRIESCHE, WOLFGANG 3101 SW 27 AVE 204 COCONUT GROVE FL 33133		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P KRIESCHE, WOLFGANG 3101 SW 27 AVE APT 204 COCONUT GROVE FL 33133	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: 3/8/7 (305) 774-2962	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

ATTACHMENT

66004658
#P02000100973

Change of address and
ZIP-CODE !!!

Wolfgang K. Corp.
Wolfgang Kriesche
31 SE. 55th #3307
MIAMI, FL 33131