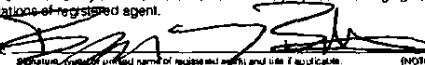
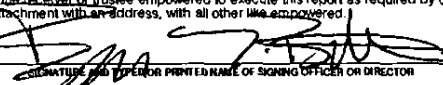


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90224 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10065970

DOCUMENT # P02000107079			
1. Entity Name WC SOLUTIONS GROUP, INC.			
Principal Place of Business 147 LAKE EMERALD DR STE 101 OAKLAND PARK, FL 33309		Mailing Address 147 LAKE EMERALD DR STE 101 OAKLAND PARK, FL 33309	
Principal Place of Business Fort Lauderdale, FL		3. Mailing Address 2425 NW 33 ST	
Suite, Apt. #, etc. Same as above		Suite, Apt. #, etc. 1312	
City & State Fort Lauderdale, FL 33309		City & State Fort Lauderdale, FL 33309	
Zip 33309		Country Broward	
4. FEI Number 65-1170096		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ Additional Fee Required		5. Certificate of Status Desired ☐ Additional Fee Required	
6. Name and Address of Current Registered Agent TOLGYESI, ANTHONY L 1909 TYLER ST STE 400 HOLLYWOOD, FL 33020		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 4-9-03 (NOTE: Registered Agent's signature required when substituting)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BRACKETT, BEN 117 LAKE EMERALD DR OAKLAND PARK, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP Brackett, Benjamin T 2425 NW 33 ST #1312 Fort Lauderdale, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date 4-9-03 Original Phone # 954-731-5529	

CR2E034 (10/02)