


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90002 015 ***150.00

DOCUMENT # P02000109143 1. Entity Name WRI ACQUISITION, INC.	
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Principal Place of Business 1001 BRICKELL BAY DR 27 FLOOR MIAMI, FL 33131	Mailing Address 4400 N. CONGRESS AVENUE, #250 WEST PALM BEACH, FL 33407
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50003448



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3673846	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MAYOTTE, TERRY 4400 N. CONGRESS AVENUE, #250 WEST PALM BEACH, FL 33407
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANEMANN, CHARLES 1001 BRICKELL BAY DR 27 FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSEN, RICK 1001 BRICKELL BAY DR 27 FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMER, ANTHONY 1001 BRICKELL BAY DR 27 FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYOTTE, TERRY 4400 N. CONGRESS AVENUE, #250 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MNAYMNEN, SAMI 1001 BRICKELL BAY DR 27 FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDSBERG-NIELSEN, SOREN 1001 BRICKELL BAY DR 27 FLOOR MIAMI, FL 33131

**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: Terry Mayotte 1.12.05 501-227-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #