


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90026 029 ***150.00

DOCUMENT # P02000111270					
1. Entity Name W. REALTY HOLDINGS INC.					
Principal Place of Business 1945 EMILIO LANE WEST PALM BEACH, FL 33406			Mailing Address 1945 EMILIO LANE WEST PALM BEACH, FL 33406		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-1539619	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOTERO, ALBERTO 1945 EMILIO LANE WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name: <u>Jose L Bereicua</u> Street Address (P.O. Box Number is Not Acceptable): <u>1945 Emilio Ln</u> <u>W.P.B.</u> City: <u>FL</u> Zip Code: <u>33406</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOTERO, ALBERTO	NAME	<u>Botero Alberto</u>		
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305	STREET ADDRESS	<u>1945 Emilio Ln</u>		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	<u>W.P.B FL 33406</u>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONILLA, FLOR ANGELA	NAME	<u>Bonilla Flor Angele</u>		
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305	STREET ADDRESS	<u>1945 Emilio Ln</u>		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	<u>W.P.B FL 33406</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Chapter 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: <u>Jose L Bereicua</u>		Date: <u>1-23-06</u>		Daytime Phone: <u>(561) 965-2113</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					