

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			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOTERO, ALBERTO 1945 EMILIO LANE WEST PALM BEACH, FL 33406			Name <u>Joe L Bereicua</u> Street Address (P.O. Box Number is Not Acceptable) <u>1945 Emilio Ln</u> <u>W.P.B.</u> City _____ State <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	Botero Alberto	
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305		STREET ADDRESS	1945 Emilio Ln	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	W.P.B FL 33406	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONILLA, FLOR ANGELA		NAME	Bonilla Flor Angele	
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305		STREET ADDRESS	1945 Emilio Ln	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	W.P.B FL 33406	
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>Joe L Bereicua</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-23-06</u> <u>(561) 965-2113</u> <small>Date Daytime Phone</small>		