


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90728 012 \*\*\*158.75

<b>DOCUMENT # P02000117431</b> 1. Entity Name <b>WONDERLAND WEB CONSULTING CORPORATION</b>																																																																																																																																																											
Principal Place of Business <b>100 N. BISCAYNE BLVD. #2608 MIAMI, FL 33132 US</b>			Mailing Address <b>100 N. BISCAYNE BLVD. #2608 MIAMI, FL 33132 US</b>																																																																																																																																																								
2. Principal Place of Business <b>10300 Sunset DR</b>			3. Mailing Address <b>10300 Sunset DR.</b>																																																																																																																																																								
Suite, Apt. #, etc. <b>Suite 270</b>			Suite, Apt. #, etc. <b>Suite 270</b>																																																																																																																																																								
City & State <b>Miami</b>			City & State <b>Miami</b>																																																																																																																																																								
Zip <b>FL</b>		Country <b>33173</b>		Zip <b>FL</b>																																																																																																																																																							
Country <b>33173</b>		4. FEI Number <b>06-1660409</b>																																																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent <b>BERNSTEIN, JEFFREY A ESQ. 100 N. BISCAYNE BLVD. #2608 MIAMI, FL 33132</b>																																																																																																																																																											
7. Name and Address of New Registered Agent Name <b>Orlando de Armas, CPA. P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10300 Sunset DR Suite # 270</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33173</b>																																																																																																																																																											
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 <u><i>Orlando de Armas</i></u> <span style="float: right;">04/15/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">VPD</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td>LAREZ, FRANCISCO</td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 N BISCAYNE BLVD #2608</td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>PSD</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td>KETTORRE, THAMAIRA</td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18948 SE 33 CT</td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33029</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td>SERRARO, FRANCISCO</td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 N BISCAYNE BLVD #2608</td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	VPD	<input type="checkbox"/> Delete	TITLE			NAME	LAREZ, FRANCISCO		NAME			STREET ADDRESS	100 N BISCAYNE BLVD #2608		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP			TITLE	PSD	<input type="checkbox"/> Delete	TITLE			NAME	KETTORRE, THAMAIRA		NAME			STREET ADDRESS	18948 SE 33 CT		STREET ADDRESS			CITY-ST-ZIP	HOLLYWOOD, FL 33029		CITY-ST-ZIP			TITLE	T	<input type="checkbox"/> Delete	TITLE			NAME	SERRARO, FRANCISCO		NAME			STREET ADDRESS	100 N BISCAYNE BLVD #2608		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>Orlando de Armas</i></u> <span style="float: right;">04-15-04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											

94057389



04152004 Chg-P CR2E034 (10/03)

\$8.75 Additional Fee Required