


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90027 031 ***150.00

DOCUMENT # P02000117431 1. Entity Name WONDERLAND WEB CONSULTING CORPORATION					
Principal Place of Business 4530 HIATUS ROAD SUITE 114 SUNRISE, FL 33351 US			Mailing Address 4530 HIATUS ROAD SUITE 114 SUNRISE, FL 33351 US		
2. Principal Place of Business 18948 SW 33RD ST Suite, Apt. #, etc.			3. Mailing Address 18948 SW 33RD ST Suite, Apt. #, etc.		
City & State Miramar, FL Zip 33029 Country			City & State Miramar, FL Zip 33029 Country		
4. FEI Number 06-1660409				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORLANDO DE ARMAS, CPA, P.A. 10300 SUNSET DR SUITE #270 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Orlando De Armas, CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 12002 SW 128TH CT, Suite 208 City Miami FL Zip Code 33186		
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>[Signature]</i></u> DATE <u>3/14/06</u> <small>Signature, typed or printed name of registered agent and (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	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAREZ, FRANCISCO		NAME		
STREET ADDRESS	4530 HIATUS RD SUITE 114		STREET ADDRESS		
CITY- ST- ZIP	SUNRISE, FL 33351		CITY- ST- ZIP		
TITLE	PSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	XETTORRE, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERRARO, FRANCISCO		NAME		
STREET ADDRESS	4530 HIATUS RD SUITE 114		STREET ADDRESS		
CITY- ST- ZIP	SUNRISE, FL 33351		CITY- ST- ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONERO, VALENTIN		NAME		
STREET ADDRESS	4530 HIATUS RD. SUITE 114		STREET ADDRESS		
CITY- ST- ZIP	SUNRISE, FL 33351		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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/12/06 9546096083</u> <small>Date Daytime Phone #</small>		