

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117431

FILED
Feb 24, 2009
Secretary of State

Entity Name: WONDERLAND WEB CONSULTING CORPORATION

Current Principal Place of Business:

18948 SW 33RD ST
MIRAMAR, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

18948 SW 33RD ST
MIRAMAR, FL 33029 US

New Mailing Address:

FEI Number: 06-1660409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE ARMAS, ORLANDO
12002 SW 128TH COURT
SUITE 208
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LAREZ, FRANCISCO
Address: 4530 HIATUS RD SUITE 114
City-St-Zip: SUNRISE, FL 33351 US

Title: PSD () Delete
Name: ETTORRE, THAMAIRA
Address: 18948 SE 33 CT
City-St-Zip: HOLLYWOOD, FL 33029 US

Title: T () Delete
Name: SERRANO, FRANCISCO
Address: 4530 HIATUS RD SUITE 114
City-St-Zip: SUNRISE, FL 33351 US

Title: S () Delete
Name: ROHERO, VALENTIN
Address: 4530 HIATUS RD. SUITE 114
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THAMAIRA ETTORRE

PS

02/24/2009

Electronic Signature of Signing Officer or Director

Date