
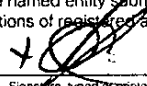
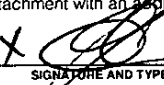


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90076 046 ***150.00

DOCUMENT # P02000125546 1. Entity Name WHEEL 2 GO ORLANDO, INC.					
Principal Place of Business 620 RENAISSANCE POINT, APT. 108 ALTAMONTE SPRINGS, FL 32714			Mailing Address 620 RENAISSANCE POINT, APT. 108 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 842 GRAND REGENCY POINTE Suite, Apt. #, etc. APT. 203		3. Mailing Address 842 GRAND REGENCY POINTE Suite, Apt. #, etc. APT. 203			
City & State ALTAMONTE SPRINGS, FL.		City & State ALTAMONTE SPRINGS, FL.		4. FEI Number 03-0494958	
Zip FL.		Country 32714		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, FANNY 13048 WATERFORD WOOD CIRCLE, STE. 201 ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name GONZALEZ, FANNY Street Address (P.O. Box Number is Not Acceptable) 842 GRAND REGENCY POINTE APT. 203 City ALTAMONTE SPRINGS FL Zip Code 32714			
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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, FANNY 620 RENAISSANCE POINT APT 108 ORLANDO, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, GEORGE 620 RENAISSANCE POINT APT 108 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					