


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90022 029 ***150.00

| | |
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| DOCUMENT # P03000004029 |  |
| 1. Entity Name WISDOM MANAGEMENT GROUP, INC. | |

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|---|---|
| Principal Place of Business 5810 BISCAYNE BLVD SUITE 3 MIAMI, FL 33137 US | Mailing Address 5810 BISCAYNE BLVD SUITE 3 MIAMI, FL 33137 US |
|---|---|

94040872



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|--|--|
| 2. Principal Place of Business 6460 VIA BENITA | 3. Mailing Address 6460 VIA BENITA |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

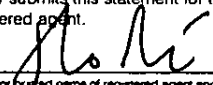
03272004 Chg-P CR2E034 (10/03)

| | |
|---------------------------------------|---------------------------------------|
| City & State BOCA RATON, FL | City & State BOCA RATON, FL |
| Zip 33433 | Country PALM BEACH |
| Zip 33433 | Country PALM BEACH |

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|---|--|
| 4. FEI Number 51-0439989 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 8. Name and Address of Current Registered Agent LO RE, JESSE J 1621 BAY ROAD SUITE 1007 MIAMI BEACH, FL 33139 | |
|---|--|

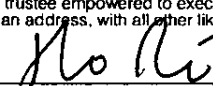
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|---|--|
| 7. Name and Address of New Registered Agent Name LO RE, JESSE J Street Address (P.O. Box Number is Not Acceptable) 6460 VIA BENITA City BOCA RATON FL Zip Code 33433 | |
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| 8. The above 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  PRESIDENT | DATE 3/25/2004 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME LO RE, JESSE J | |
| STREET ADDRESS 1621 BAY ROAD, SUITE 1007 | |
| CITY-ST-ZIP MIAMI BEACH, FL 33139 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LO RE, JESSE J | |
| STREET ADDRESS 6460 VIA BENITA | |
| CITY-ST-ZIP BOCA RATON FL 33433 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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:  | DATE 3/25/04 (305) 458-7877 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |