## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000011979

Name:

Address:

City-St-Zip:

Entity Name: WANA MAINTENANCE SERVICES, INC.

FILED Feb 10, 2006 Secretary of State

Current Principal Place of Business:		New Principal F	New Principal Place of Business:	
14901 S. BISCAYNE RIVER DR MIAMI, FL 33168		136	6912 STIRLING ROAD 136 HOLLYWOOD, FL 33024	
Current Mailing Address:			New Mailing Address:	
P.O. BOX MIAMI, FL			6505 STIRLING 136 HOLLYWOOD, F	
FEI Number	r: 54-2093525	FEI Number Applied For (	FEI Number Not Applicable	( ) Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agen	t: Name and Addr	ess of New Registered Agent:
Th				
in the Stat	e of Florida. RE: Electro	nic Signature of Registered		istered office or registered agent, or both  Date
in the Stat SIGNATU	e of Florida. RE: Electro			istered office or registered agent, or both,  Date
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro	nic Signature of Registered	d Agent	
in the Stat SIGNATU  Election Ca  OFFICER  Title: Name: Address:	e of Florida.  RE: Electro  mpaign Financii S AND DIRECT  P ( SIMON, NATA)	nic Signature of Registered on the Signature of Registered on	d Agent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electro  mpaign Financir  S AND DIRECT  P ( SIMON, NATAI 14901 S BISC  MIAMI, FL 33  VP ( SIMON, JOSE	nic Signature of Registered on Trust Fund Contribution ( ).  CTORS:  ) Delete  NAEL  AYNE RIVER DRIVE  168  ) Delete  PH M  CAYNE RIVER DR	ADDITIONS/CH Title: Name: Address:	Date  ANGES TO OFFICERS AND DIRECTO
in the Stat SIGNATU Election Ca	re of Florida.  RE:  Electro  Impaign Financir  IS AND DIRECT  P (SIMON, NATAINAMI, FL 33)  VP (SIMON, JOSE 14901 S. BISCOMIAMI, FL 33)  SC (GELBERTE, S	nic Signature of Registered on Trust Fund Contribution ( ).  CTORS:  ) Delete NAEL AYNE RIVER DRIVE 168  ) Delete PH M CAYNE RIVER DR 168  ) Delete SIMON CAYNE RIVER DR	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Tolame: Address: City-St-Zip: Title: Tolame: Address: Address: City-St-Zip:	Date  ANGES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIMON, HURDÚISE

HOLLYWOOD, FL 33024

6505 STIRLING RAOD SUITE # 136

SIGNATURE: NATANAEL SIMON P 02/10/2006