

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020970

Entity Name: W.A.G. SERVICES INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

400 LOCK RD APT 1
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

5537 BERRY BLOSSOM WAY WEST
WEST PALM BEACH, FL 33415

Current Mailing Address:

400 LOCK RD APT 1
DEERFIELD BEACH, FL 33442

New Mailing Address:

5537 BERRY BLOSSOM WAY WEST
WEST PALM BEACH, FL 33415

FEI Number: 16-1655465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, WILSON
400 LOCK RD APT 1
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

GOMEZ, WILSON
5537 BERRY BLOSSOM WAY WEST
WEST PALM BEACH, FL 33415 US

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:

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, WILSON
Address: 400 LOCK RD APT 1
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOMEZ, WILSON
Address: 5537 BERRY BLOSSOM WAY WEST
City-St-Zip: WEST PALM BEAC, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILSON GOMEZ

P

01/13/2005

Electronic Signature of Signing Officer or Director

Date