

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000060303

1. Entity Name
W.A. PRO. SERVICES, INC.



Principal Place of Business
899 W. CAMINO REAL
BOCA RATON, FL 33486

Mailing Address
899 W. CAMINO REAL
BOCA RATON, FL 33486



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0190620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, WILMA
899 W. CAMINO REAL
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------|
| TITLE | P |
| NAME | ANDRADE, WILMA |
| STREET ADDRESS | 899 W. CAMINO REAL |
| CITY - ST - ZIP | BOCA RATON, FL 33486 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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02/08/07-80022-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Wilma Andrade
WILMA ANDRADE

1/9/07

561-239-8625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #