


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90113 027 ***150.00
P03000063642

DOCUMENT # P03000063642 1. Entity Name WASSCO GLOBAL, INC.					
Principal Place of Business 1200 TOWN CENTER DR. #415 JUPITER, FL 33458			Mailing Address 1200 TOWN CENTER DR. #415 JUPITER, FL 33458		
2. Principal Place of Business 11028 Legacy Drive Suite, Apt. #, etc. Apt. 203 City & State Palm Beach Gardens FL Zip 33410		3. Mailing Address 11028 Legacy Drive Suite, Apt. #, etc. Apt. 203 City & State Palm Beach Gardens FL Zip 33410		4. FEI Number 45-0516812	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PILOTTE, FRANK T C/O MURPHY, REID, PILOTTE & ORD 340 ROYAL PALM WAY, STE. 100 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)</small>					
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	D WASSERMAN, JEFFREY M 1200 TOWN CENTER DR #415 JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 WASSERMAN, Jeffrey M 11028 Legacy Drive Apt 203 Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			07/01/05 561-373-0381 <small>Date Daytime Phone #</small>		

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