## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 09, 2006 08:00 AN DOCUMENT # P03000063642 **Secretary of State** 1. Entity Name WASSCO GLOBAL, INC. Principal Place of Business Mailing Address 11028 LEGACY DRIVE, APT, 203 11028 LEGACY DRIVE, APT. 203 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 CR2E034 (11/05) 01032006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 45-0516812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PILOTTE, FRANK T DO NOT WRITE C/O MURPHY, REID, PILOTTE & ORD 340 ROYAL PALM WAY, STE. 100 IN THIS SPACE PALM BEACH, FL 33480 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 regulard when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WASSERMAN, JEFFREY M 1100000425616 02/20/06-80009-003 150.00 STREET ADDRESS 11028 LEGACY DRIVE, APT. 203 CITY-ST-ZIE PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/06

561-373-0341

FILED