

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90001 002 ***150.00

DOCUMENT # P03000063733

1. Entity Name
THE WEALTH CREATION FOUNDATION, INC.



Principal Place of Business
5100 TOWN CENTER CIRCLE STE ~~440~~
BOCA RATON, FL 33486

Mailing Address
5100 TOWN CENTER CIRCLE STE ~~440~~
BOCA RATON, FL 33486

54065499



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

550

Suite, Apt. #, etc.

550

City & State

City & State

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number

30-0112468

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAYE, BARRY
5100 TOWN CENTER CIRCLE STE ~~440~~ **550**
BOCA RATON, FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE-NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$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 D ☐ Delete
NAME KAYE, BARRY **550**
STREET ADDRESS 5100 TOWN CENTER CIRCLE STE ~~440~~
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LICHTMAN, MARC **550**
STREET ADDRESS 5100 TOWN CENTER CIRCLE STE ~~440~~
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KAYE, CAROLE **550**
STREET ADDRESS 5100 TOWN CENTER CIRCLE STE ~~440~~
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KAYE, HOWARD **550**
STREET ADDRESS 5100 TOWN CENTER CIRCLE STE ~~440~~
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FLAUM, STUART D
STREET ADDRESS 7212 QUEENFERRY CIR
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CRISCIONE, JOSEPH P
STREET ADDRESS 2215 NW 58 ST
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/2004
Date

561-417-5883
Daytime Phone #