

FILED
Sep 15, 2004 8:00 am
Secretary of State

9/31

09-03-2004 90004 046 ***550.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000105521

1. Entity Name
WOW DEVELOPMENT CORPORATION



Principal Place of Business
777 BRICKELL AVE STE 1070
MIAMI, FL 33131

Mailing Address
777 BRICKELL AVE STE 1070
MIAMI, FL 33131

66433711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-160-7907

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

KENNEY, JUDITH
777 BRICKELL AVE STE 1070
MIAMI, FL 33131

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
KESSLER, MICHAEL
777 BRICKELL AVE STE 1070
MIAMI, FL 33131

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Secretary
EDWARD BARON
4045 Sheridan Ave #263
Miami Beach, FL 33140
☐ Change ☒ Addition

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

8-27-04 35 806/388