

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90068 021 \*\*\*150.00

DOCUMENT # P03000117658

1. Entity Name  
WCS ADMINISTRATIVE SERVICES, INC.



Principal Place of Business  
1601 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 33323 US

Mailing Address  
1601 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 33323 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162007

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-0322428

Applied For  
Not Applicable

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

SAUTTER, C. CHRISTIAN ESQ.  
2900 EAST OAKLAND PARK BOULEVARD  
SUITE 200  
FORT LAUDERDALE, FL 33306

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GUPTA, RAHUL  
8501 N SCOTTSDALE RD #300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Nelson Ena  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
FISHBACH, STEVEN  
8501 N SCOTTSDALE RD #300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WALSH, PAUL  
8501 N SCOTTSDALE RD #300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
GRESHAM, GEORGE  
8501 N SCOTTSDALE RD #300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
WALSH, PAUL  
8501 N SCOTTSDALE RD #300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
COLEMAN, STEVEN  
8501 N SCOTTSDALE RD #300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251 ☒ Change ☐ Addition

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:

*George Gresham* 5/1/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #