2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

Principal Place of Business 2500 AQUA VISTA BLV 2500 AQUA VI	DOCUMENT # P03000139641 1. Entity Name W&F ADVISORS, INC.								04-23-200	4 90275 03	7 ***150).00
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20	City & State		City & State					4. FEI Number 5 2 ~	241939	5	-	
AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE BETT ADDRESS Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Street Address of Florida. I am familiar with, and accept the obligations of riegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of riegistered agent. SIGNATURE Signature Price of grinted name of Inglatines agent and life adultisable. FILE NOWITI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004	Zip	Country		Zip Cour		try				ч 🗆		
AMERICAN INFORMATION SERVICES, INC. ONE SET HIRD AVE 28TH FLOOR MIAMI, FL 33131 City FL Zip Code Cit		6. Name and Address of Currer	nt Regis	stered Agent				7. Name and	Address of Ne			
SITH FLOOR MIAMI, FL 33131 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Symbles typic or pinted named indicated agent at the motion of registered agent and registered agent at the motion of registered agent. (nOIE Registered Agent synthem received when remaining) PILE NOWITE FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00 and for the propose of changing Financing and the propose of changing Financing and the propose of the propose of changing is registered defice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. The propose of the purpose of changing is registered defice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SYMPHINE TEE IS \$150,00 April 10 April						Name						
MIAMI, FL 33131	ONE SE THIRD AVE					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature hoped or prised name of registered agent and live of suplicative. (NOTE: Registered Agent encoded when remaising)												
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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)(i), Florida Statutes. I further certify that the information		portify that the information are all the	isin sinin f	iling door not swallful				-tion 110 07/01/	D. Clasiet - Ct. 1 1	- 1 E .ul	de . ale e e e e e	

2. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

(954) 303-0000

Daytime Phone #