

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90395 017 ***158.75

DOCUMENT # P03000144199

1. Entity Name
WENDOM INVESTMENTS, INC.



Principal Place of Business
**13365 NW 11 PL
SUNRISE, FL 33323**

Mailing Address
**13365 NW 11 PL
SUNRISE, FL 33323**

24030384



2. Principal Place of Business
7317 CORKWOOD TERR
Suite, Apt. #, etc.

3. Mailing Address
7317 CORKWOOD TERRACE
Suite, Apt. #, etc.

03232004 Chg-P CR2E034 (10/03)

City & State
TAMARAC, FL

City & State
TAMARAC, FL

4. FEI Number
59. 3759575

Applied For
Not Applicable

Zip
33321 Country
USA

Zip
33321 Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREEDMAN & MCCLOSKEY, P.A.
ATTN: REED B. MCCLOSKEY, ESQ
ONE E BROWARD BLVD STE 700
FT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
RADEKA, WENDY
13365 NW 11 PL
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ABRAMOWITZ, DOMONIQUE
13365 NW 11 PL
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ABRAMOWITZ, MICHAEL
13365 NW 11 PL
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

Date

Daytime Phone #