

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90002 043 \*\*\*150.00

<b>DOCUMENT # P03000156283</b> 1. Entity Name <b>WHOLESALE ALLIANCE, INC.</b>																							
Principal Place of Business <b>2253 LAGOON DR DUNEDIN, FL 33469</b>			Mailing Address <b>2253 LAGOON DR DUNEDIN, FL 33469</b>																				
2. Principal Place of Business		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip		Country		Zip																			
Country		Country		Country																			
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																			
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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 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.																							
<b>SIGNATURE:</b>				<b>6-28-04</b> <b>727-641-5148</b>																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																			

*Attachment*

*66433484*

JAMES J. DONOVAN, C.P.A. P.A.  
3830 JOG ROAD  
LAKE WORTH, FL 33467  
PHONE: (561) 641-9550 FAX: (561) 641-4781

JUNE 25, 2004

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: WHOLESALE ALLIANCE, INC.  
DOCUMENT #P03000156283

DEAR SIR/MADAM:

PLEASE BE ADVISED OF THE FOLLOWING FACTS AND CIRCUMSTANCES REGARDING THE LATE FILING OF THIS RETURN.

- 1). THE TAXPAYER DID NOT RECEIVE THE ANNUAL REPORT AND HAD NO KNOWLEDGE THAT AN ANNUAL REPORT WAS REQUIRED.
- 2). THEREFORE, WE BELIEVE REASONABLE CAUSE EXISTS FOR YOU WAIVING THE ASSESSED PENALTY.
- 3). WE HAVE ENCLOSED A CHECK IN THE AMOUNT OF \$150.00 FOR THE FILING FOR 2004.
- 4). IF YOU HAVE ANY QUESTIONS ON THE ABOVE, PLEASE FEEL FREE TO CONTACT OUR OFFICE.

THANK YOU FOR YOUR COOPERATION,

SINCERELY,

  
JAMES DONOVAN, CPA

  
MARK GRAHAM

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.