2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90022 007 ***150.00
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DOCUMENT # P04000043988

1. Entity Name
WETTOYZ, INC.

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TALLAHAS...

50055213

Principal Place of Business	Mailing Address
5414 NORTHWEST 72ND AVENUE	5414 NORTHWEST 72ND AVENUE
MIAMI, FL 33166	MIAMI, FL 33166

06292005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number	✓ 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name SETH FELLMAN Street Address (P.O. Box Number is Not Acceptable) 5414 NW 72 AVE City MIAMI FL Zip Code 33166

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 6/28/05

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME FELLMAN, SETH STREET ADDRESS 5414 NORTHWEST 72ND AVENUE CITY-ST-ZIP MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(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.

SIGNATURE: _____   6/28/05   305-884-5366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #