

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90521 032 ***150.00

DOCUMENT # P04000079046

1. Entity Name
WJTB INC.



Principal Place of Business
C/O 1390 BRICKELL AVE
SUITE 200
MIAMI, FL 33131

Mailing Address
C/O 1390 BRICKELL AVE
SUITE 200
MIAMI, FL 33131

50045569



2. Principal Place of Business

2605 Le Jeune Rd #905

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-P

CR2E034 (10/03)

City & State

Coral Gables, Florida

City & State

Same

4. FEI Number

20-1141581

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO B., ALVARO
1390 BRICKELL AVE
SUITE 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name JORGE MARQUINA

Street Address (P.O. Box Number is Not Acceptable)

2605 Le Jeune Rd #905

City Coral Gables

FL

Zip Code 33134

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

4/28/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARQUINA, JOSE
STREET ADDRESS C/O 1390 BRICKELL AVE SUITE 200
CITY-ST-ZIP MIAMI, FL 33131

☐ Delete

TITLE D
NAME PICH, ANTONIO
STREET ADDRESS C/O 1390 BRICKELL AVE SUITE 200
CITY-ST-ZIP MIAMI, FL 33131

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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TITLE
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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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05

305 4481642