

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-02-2005 90079 038 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000117202					
1. Entity Name WAAM, INC.					
Principal Place of Business 22290 SW 162 AVE GOULIS, FL 33170		Mailing Address 22290 SW 162 AVE GOULIS, FL 33170			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1229374	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ-FRAGA P.A. 2100 SALZEDO STREET STE 300 CORAL GABLES, FL 33134				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 _____ (NOTE: Registered Agent signature required when removing)					
DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COSTA, JOSE III		NAME		
STREET ADDRESS	22290 SW 162 AVE		STREET ADDRESS		
CITY-STATE-ZIP	GOULIS, FL 33170		CITY-STATE-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, MARIA C		NAME		
STREET ADDRESS	22290 SW 162 AVE		STREET ADDRESS		
CITY-STATE-ZIP	GOULIS, FL 33170		CITY-STATE-ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, JOSE		NAME		
STREET ADDRESS	22290 SW 162 AVE		STREET ADDRESS		
CITY-STATE-ZIP	GOULIS, FL 33170		CITY-STATE-ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SUAREZ, ALBERTO		NAME		
STREET ADDRESS	22290 SW 162 AVE		STREET ADDRESS		
CITY-STATE-ZIP	GOULIS, FL 33170		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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 to this address, with all other like empowered.					
SIGNATURE: _____		Jose A. Costa III		11/21/05 (305) 247-3248	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Office	