

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90041 046 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000137318 1. Entity Name WONDER LIFE ENTERPRISES, INC.					
Principal Place of Business 5333 COLLINS AVE APT 406 MIAMI BEACH, FL 33140			Mailing Address 5333 COLLINS AVE APT 406 MIAMI BEACH, FL 33140		
2. Principal Place of Business 5401 Collins Ave Suite, Apt. #, etc. CU11B			3. Mailing Address Same as Principal Suite, Apt. #, etc.		
City & State Miami Beach, FL			City & State		
Zip 33140-5525		Country		4. FEI Number 06-1733334	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COHEN, VIOLETA 5333 COLLINS AVE APT 406 MIAMI BEACH, FL 33140					
7. Name and Address of New Registered Agent Name Sancho Quintero, Jenileiss Street Address (P.O. Box Number is Not Acceptable) 5401 Collins Ave Suite CU11B City Miami Beach FL Zip Code 33140-5525					
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 Violeta Cohen DATE 01/03/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P COHEN, VIOLETA	<input checked="" type="checkbox"/> Delete	TITLE	P Sancho Quintero, Jenileiss	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5333 COLLINS AVE APT 406		STREET ADDRESS	5401 Collins Ave suite CU11B	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	Miami Beach FL 33140-5525	
TITLE		<input type="checkbox"/> Delete	TITLE	UP Zaldivar, Miquel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	15242 NW 88 PL	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, FL 33018	
TITLE		<input type="checkbox"/> Delete	TITLE	VP Cohen, Violeta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	1311 NE 19th PL	
CITY-ST-ZIP			CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T Ortega, Guillermo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	5333 Collins Ave apt 406	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Violeta Cohen DATE 01/03/2006 DAYTIME PHONE # 305 506 7377 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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