

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156993

Entity Name: WCS INSURANCE, INC.

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

6501 CONGRESS AVENUE, SUITE 240
BOCA RATON, FL 33487

New Principal Place of Business:

6501 CONGRESS AVENUE
3RD FLOOR
BOCA RATON, FL 33487

Current Mailing Address:

6501 CONGRESS AVENUE, SUITE 240
BOCA RATON, FL 33487

New Mailing Address:

6501 CONGRESS AVENUE
3RD FLOOR
BOCA RATON, FL 33487

FEI Number: 65-1236391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEPEDA, CARLOS V
6501 CONGRESS AVENUE, SUITE 240
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

CEPEDA, CARLOS V
6501 CONGRESS AVENUE
3RD FLOOR
BOCA RATON, FL 33487 US

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.

SIGNATURE:

07/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CEPEDA, CARLOS
Address: 6349 LAS FLORES DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: WALLBERG, ERIC
Address: 15614 MESSINA ISLE DRIVE
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS CEPEDA

P

07/07/2005

Electronic Signature of Signing Officer or Director

Date