

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047519

FILED  
May 03, 2006  
Secretary of State

Entity Name: WETSTRING BEACHWEAR, CORP.

## Current Principal Place of Business:

20 WEST ATLANTIC AVE. #102  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

P.O. BOX 2937  
PALM BEACH, FL 33480

## Current Mailing Address:

20 WEST ATLANTIC AVE. #102  
DELRAY BEACH, FL 33444

## New Mailing Address:

P.O. BOX 2937  
PALM BEACH, FL 33480

FEI Number: 20-2603183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E. SAMPLE RD.  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

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:

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: PD ( ) Delete  
Name: DOS SANTOS, CARLENE P  
Address: 20 WEST ATLANTIC AVE. #102  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: SANTOS VILELA, GRAZIELE  
Address: 20 WEST ATLANTIC AVE. #102  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD ( ) Delete  
Name: FARIA, ANDREIA  
Address: 20 WEST ATLANTIC AVE. #102  
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD (X) Delete  
Name: GRUBMAN, CLAY H  
Address: 20 WEST ATLANTIC AVE. #102  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DOS SANTOS, CARLENE P  
Address: P.O. BOX 2937  
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change ( ) Addition  
Name: SANTOS VILELA, GRAZIELE  
Address: P.O. BOX 2937  
City-St-Zip: PALM BEACH, FL 33480

Title: VD (X) Change ( ) Addition  
Name: GRUBMAN, CLAY H  
Address: P.O. BOX 2937  
City-St-Zip: PALM BEACH, FL 33480

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 Chapter 119, 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: CARLENE P DOS SANTOS

PD

05/03/2006

Electronic Signature of Signing Officer or Director

Date