

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 009 ***150.00

DOCUMENT # P05000051631 1. Entity Name WENCA TRANSFORMADORES, INC					
Principal Place of Business 8177 WEST GLADES ROAD 211 BOCA RATON, FL 33434			Mailing Address 8177 WEST GLADES ROAD 211 BOCA RATON, FL 33434		
2. Principal Place of Business - No P.O. Box # 3558 N. University Dr. Suite, Apt. #, etc.		3. Mailing Address 3558 N. University Dr Suite, Apt. #, etc.			
City & State Coral Springs, FLORIDA Zip 33065-1639		City & State Coral Springs, FLORIDA Zip 33065-1639		4. FEI Number 20-2638602 90-0315200 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLODNE, MARK R 8177 WEST GLADES ROAD 211 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name CSI Business & Financial Services Street Address (P.O. Box Number is Not Acceptable) 1500 N. University Drive, Suite 235 City Coral Springs, FL 33065 FL Zip Code 33065	
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: <u><i>Carmen S. Romero - Tejeda</i></u> Carmen S. Romero - Tejeda - Owner 3/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DURAN, EINESTEIN 8177 WEST GLADES ROAD #211 BOCA RATON, FL 33434				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete ELSY, MAESTRE 8177 WEST GLADES ROAD #211 BOCA RATON, FL 33434				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Duran, Einestein 3558 N. University Drive Coral Springs, FL 33065-1639				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MAESTRE, ELSY 3558 N. University Drive Coral Springs, FL 33065-1639				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Elsy Maestre</i></u> 03/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					