


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90216 012 \*\*\*150.00

<b>DOCUMENT # P05000058273</b> 1. Entity Name <b>WHIFF INC.</b>					
Principal Place of Business <b>1405 EUCLID AVENUE NO. 6 MIAMI BEACH, FL 33139</b>			Mailing Address <b>1405 EUCLID AVENUE NO. 6 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>2327 NE 4th Ave #10</b> Suite, Apt. #, etc. <b>10</b>			3. Mailing Address <b>2327 NE 4th Ave</b> Suite, Apt. #, etc. <b>10</b>		
City & State <b>Miami FL</b>			City & State <b>Miami FL</b>		
Zip <b>33137</b>			Zip <b>33137</b>		
Country <b>U.S.A</b>			Country <b>U.S.A</b>		
4. FEI Number <b>20271078</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>FLEMING-MENDEZ, ANN MARIE 1405 EUCLID AVENUE NO. 6 MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>Ann Marie Fleming-Mendez</i></u> <small>Signature, typed or printed name of registered agent (no title if applicable)</small> <span style="float: right;">DATE _____</span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLEMING-MENDEZ, MARIE 1405 EUCLID AVENUE NO. 6 MIAMI BEACH, FL 33139 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDEZ, CLINT 1405 EUCLID AVENUE NO. 6 MIAMI BEACH, FL 33139 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALM, TOM 5002 ESTATE SOLITUDE #2 CHRISTIAN STED, ST.CROIX US VIRGIN ISLANDS, 00820 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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>Ann Marie Fleming-Mendez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> <span><b>5/01/06</b></span> <span><b>305-300-7797</b></span> </div> <small>Date Daytime Phone #</small>	