2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/11/2006-90013-015-\$150.00-\$150.00

DOCUMENT # P05000092471 1. Entity Name WIX & WAX INC.				FILED 06 SEP 25 AM II: 15				
Principal Place of Business Mailing Address			-		Si UKT.	[AKY OF STATE MASSEE, PLOWE	E	
17682 SEALAKES DRIVE BOÇA RATON, FL 33498		17682 SEALAKES DRIVE BOCA RATON, FL 33498			. JALLAH	ASSEE, PLONI	PΑ	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07042006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number	-30699	AF	optied For at Applicable	
Zip	Country	Zip	Country		of Status Desired	S8.75 Add Fee Require	litional d	
	6. Name and Address of Current	7. Name and	Address of New R	tegistered Agent				
HOWELL,	MARVIN		Name					
17682 SEALAKES DRIVE BOCA RATON, FL 33498			Street Address	tdress (P.O. Box Number is Not Acceptable)				
i			City	City FL Zip Code				
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 Sprause typed or period name of registered agent and total applicable (NOTE: Registered Agent applicable required when remarking) DATE								
• FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing Due by September 6, 2006 9. Election Campaign Financing Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						F.S., the notice.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P HOWELL, MARVIN 17682 SEALAKES DRIVE BOCA RATON, FL 33498	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZEP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	300,101101,112 30133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	INILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelzze	DITLE NAME STREET ADDRESS CITY-ST-ZP		<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP	1819/25	□ Defes	NAME STREET ADDRESS CITY-SY-ZIP			☐ Change	Addition	

12. I hereby certily 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:

SIGNATURE:

Date

Date

Description

Descriptio

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