## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 30, 2008 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P05000092471  1. Entity Name WIX & WAX INC.  Principal Place of Business  Mailing Adv.		71 Mailing Address		Secretary of		Secretary of Stat
17682 SEAL Boca Raton		17682 SEALAKES DRIVE Boca Raton, FL 33498		 	A BRIST BILLI PRINT BRIST SON	III AANA IRNO NON EYON KAERF NOYOO A YOO
DO NOT WRITE IN THIS SPACE.  5. Name and Address of Current Registered Agent			CE	04212008 4. FEI Numb 20-306	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
HOWELL, MARVIN 17682 SEALAKES DRIVE BOCA RATON, FL 33498			DO NOT WRITE IN THIS SPACE			
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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ided to Fees		
Y 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P HOWELL, MARVIN 17682 SEALAKES DRIVE BOCA RATON, FL 33498	ECTORS			U0000 05/23/08	0934149 -80019-023 150.00
NAME STREET ADDRESS CITY-ST-ZIP			:			
NAME STREET ADDRESS CITY: ST-ZIP					NOT W	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN T	THIS SI	PACE
NAME STREET AODRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						