

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90403 015 ***150.00

DOCUMENT # P05000096410		
1. Entity Name W. ALCAZAR ENTERPRISES, INC.		

Principal Place of Business 447 OAKDALE RD MAYO, FL 32066	Mailing Address 447 OAKDALE RD MAYO, FL 32066
---	---

2. Principal Place of Business W. Alcazar E Suite, Apt. #, etc. 447 Oakdale Rd	3. Mailing Address 447 oakdale Rd. Suite, Apt. #, etc.
City & State MAYO FLA	City & State FLA MAYO
Zip 32066	Zip 32066
Country USA	Country USA

6. Name and Address of Current Registered Agent COULTHURST, BARBARA 172 W. MAIN STREET MAYO, FL 32066	
--	--

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 <i>Barbara Alcazar</i>	
(Signature, typed or printed name of registered agent and title if applicable)	

(NOTE: Registered Agent signature required when reinstating)

DATE *4-29-06*

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALCAZAR, WEDELL G 447 OAKDALE RD MAYO, FL 32066	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Barbara Alcazar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-06

Date

Daytime Phone #



04262006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

4. FEI Number 20-3164019
5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name *W. Alcazar Enterprises, Inc.*
Street Address (P.O. Box Number is Not Acceptable)
447 Oakdale Rd.

City *X1 Mayo* Zip Code *32066*