#### 2007 FOR PROFIT CORPORATION ---**ANNUAL REPORT**

#### DOCUMENT # P05000116102

1. Entity Name WHEELFIRE USA, INC.



Principal Place of Business

Mailing Address

1500 N.W CYPRESS CREEK RD APT. 514 FT LAUDERDALE, FL 33309

1500 N.W CYPRESS CREEK RD APT. 514

FT LAUDERDALE, FL 33309

## **FILED** Feb 09, 2007 08:00 AM **Secretary of State**



### DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-3437804 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

01242007

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BENET, JEFFREY A 1500 N.W CYPRESS CREEK RD APT. 514 FT LAUDERDALE, FL 33309

# DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above the obligat	named entity submits this statement for the princes of registered agent.	urpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and lattle if	applicable (NOTE, Registered A	gent signatur	e required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S BENET, JEFFREY A 1500 N.W CYPRESS CREEL RD #514 FT LAUDERDALE, FL 33309					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000630053 02/19/07-80024-017 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP		i				
TITLE	1					

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

JEFFREY A-BENET

(954) 729-7774