## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000118751**

1. Entity Name

WBC REAL ESTATE GROUP, INC.



FILED Mar 05, 2007 8:00 am Secretary of State

03-05-2007 90041 023 \*\*\*150.00

Principal Place of Business

650 N.E. 176TH STREET NORTH MIAMI BEACH, FL 33162 Mailing Address

650 N.E. 176TH STREET NORTH MIAMI BEACH, FL 33162 40000000



DO NOT WRITE IN THIS SPACE

03012007 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3362650

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEMEL, DANIEL J 1558 N.E. 162 STREET NORTH MIAMI BEACH, FL 33162

## DO NOT WRITE IN THIS SPACE

0 The share	named antity submits this statement for the	urpage of changing its registers	d office co	naistared agent as ba	oth in the State of Florida I am familiar with and assert
6. 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 rematating)  DATE					
9. Election Campaign Finance			nina	\$5.00 v s	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution.		\$5.00 May Be Added to Fees	
AILEI MI	iy 1, 2007 Fee will be \$550.00		_		
10.	OFFICERS AND DIRECTORS				
FITLE	P				
NAME	WULWICK, BARRY				
STREET ADDRESS	650 N.E. 176 STREET				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162				
TITLE	VP				
NAME	WULWICK, ANA				
STREET ADDRESS	650 N.E. 176 STREET				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162				
TITLE	τ				
NAME	WULWICK, BARRY				
STREET ADDRESS	650 N.E. 176 STREET				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162				NOT WRITE
TITLE	S		IN THIS SPACE		
NAME	WULWICK, ANA			004	INIO SPACE
STREET ADDRESS	650 N.E. 176 STREET				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162				
TITLE	7.00				
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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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3/1/07

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