
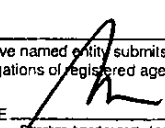
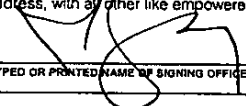


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 22 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000125915			
1. Entity Name WK MIRAMAR MM CORP.			
Principal Place of Business 112 CLIFTON AVENUE #95 LAKEWOOD, NJ 08701		Mailing Address 112 CLIFTON AVENUE #95 LAKEWOOD, NJ 08701	
2. Principal Place of Business 314 FIFTH STREET Suite, Apt. #, etc. Suite #5		3. Mailing Address 314 FIFTH STREET Suite, Apt. #, etc. Suite #5	
City & State Lakewood NJ		City & State Lakewood, NJ	
Zip 08701	Country OCEAN	Zip 08701	Country OCEAN
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33158		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) 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:  MICHAEL A. BANK, President DATE: 8-18-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	D WEINREB, STEVEN 152 PARKVILLE AVENUE BROOKLYN, NY 11230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200079215442 08/29/06--01023--025 **\$550.00
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 200079215442 08/29/06--01023--026 **\$8.75
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: 		MORRIS SILBERBERG 8-17-06 7323679500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	