

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129425

Entity Name: W&P CAPITAL MARKETS INC

FILED
Aug 16, 2006
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
470
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD
470
CORAL GABLES, FL 33146 US

New Mailing Address:

9737 NW 41ST
174
DORAL, FL 33178 US

FEI Number: 20-4753961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMP MORTGAGE GROUP INC
11008 NW 73ST
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

AMP MORTGAGE GROUP INC
9737 NW 41ST
174
DORAL, FL 33178 US

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.

SIGNATURE: WILLIAM WALKER

08/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, WILLIAM
Address: 4000 PONCE DE LEON BLVD SUITE 470
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP () Delete
Name: PAREDES, AMED
Address: 4000 PONCE DE LEON BLVD SUITE 470
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM WALKER

P

08/16/2006

Electronic Signature of Signing Officer or Director

Date