

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000058344

Entity Name: WHA DESIGN, INC.

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1101 PONCE DE LEON  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 142116  
CORAL GABLES, FL 33114

**New Mailing Address:**

FEI Number: 42-1702657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KATZ, RICHARD D  
2600 DOUGLAS RD., SUITE 501  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARTHUR, BRUCE A  
Address: PO BOX 142116  
City-St-Zip: CORAL GABLES, FL 33114

Title: VD  
Name: FORD, BRUCE  
Address: PO BOX 142116  
City-St-Zip: CORAL GABLES, FL 33114

Title: S  
Name: ARTHUR, WILLIAM F  
Address: 11712 SW 81ST RD  
City-St-Zip: PINECREST, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: BRUCE ARTHUR

PD

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date