


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90021 029 \*\*\*150.00

**DOCUMENT # P06000089499**  
 1. Entity Name  
**WBF HOLDINGS CORP.**



Principal Place of Business      Mailing Address  
**3552 EAST 10TH COURT**      **3552 EAST 10TH COURT**  
**HIALEAH FL 33013**              **HIALEAH FL 33013**  
**US**                                      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3510 E 10 CT**    **3510 E 10 CT**  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State  
**Hialeah, FL**    **Hialeah, FL**  
 Zip      Country      Zip      Country  
**33013**      **USA**                                      **33013**      **USA**

4. FEI Number      Applied For  
**20-5755560**                                       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BENAVENTE, JUAN M**  
**3552 EAST 10TH COURT**  
**HIALEAH FL 33013**

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: *Juan M Benavente*      DATE: *3/26/08*  
Signature, type or printed name of registered agent and title (if applicable).      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust; Fund Contribution.       Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENAVENTE, JUAN M	
STREET ADDRESS	3552 EAST 10TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COURIEL, JOSEPH	
STREET ADDRESS	3552 EAST 10TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENAVENTE, ELIZABETH	
STREET ADDRESS	3552 EAST 10TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 Section 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: *Juan M Benavente*      Date: *3/26/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #