2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131138

City-St-Zip:

FILED Aug 07, 2007 Secretary of State

Entity Name: WSH ST	ERLING INVESTMENT CORP.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
2665 S. BAYSHORE DRIVE SUITE 402 MIAMI, FL 331335402		SUITE 700	2525 PONCE DE LEON BLVD. SUITE 700 CORAL GABLES, FL 33134		
Current Mailing Address:		New Maili	New Mailing Address:		
2665 S. BAYSHORE DR SUITE 402 MIAMI, FL 331335402	RIVE	SUITE 700	NCE DE LEON BLVD. 0 GABLES, FL 33134		
FEI Number: 20-5756166	FEI Number Applied For () FEI N	lumber Not Appl	plicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
M & W AGENTS, INC. 2101 CORPORATE BLV SUITE 107 BOCA RATON, FL 3343 The above named entity in the State of Florida.	317343 US	e of changing i	its registered office or registered agent, or both,		
SIGNATURE:					
In accordance with s. 607.19	nic Signature of Registered Agent 33(2)(b), F.S., the corporation did not receive Trust Fund Contribution (). TORS:	·	Date ice. NS/CHANGES TO OFFICERS AND DIRECTOR	S:	
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition HELFMAN, STEPHEN J 2525 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33134		
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition WEISS, RICHARD J 200 EAST BROWARD BLVD., SUITE 1900 FT. LAUDERDALE, FL 33301		
Title: (Name: Address:) Delete	Title: Name: Address:	S/T () Change (X) Addition SEROTA, JOSEPH H 2525 PONCE DE LEON BLVD., SUITE 700		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

CORAL GABLES, FL 33134

SIGNATURE: STEPHEN J. HELFMAN Ρ 08/07/2007