2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000131138

1. Entity Name
WSH STERLING INVESTMENT CORP.

Principal Place of Business	Mailing Address
2525 PONCE DE LEON BLVD. SUITE 700 CORAL GABLES, FL 33134	2525 PONCE DE LEON BLVD. SUITE 700 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5756166
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON, FL 33431-7343

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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 _____ DATE
Signature, typed 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

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

05/01/08-80052-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HELFMAN, STEPHEN J
STREET ADDRESS	2525 PONCE DE LEON BLVD., SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	WEISS, RICHARD J
STREET ADDRESS	200 EAST BROWARD BLVD., SUITE 1900
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	S/T
NAME	SEROTA, JOSEPH H
STREET ADDRESS	2525 PONCE DE LEON BLVD., SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ STEPHEN J. HELFMAN 4/9/08 (305) 854-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #