


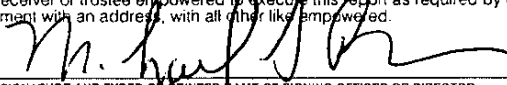
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90040 020 ***150.00

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DOCUMENT # P06188					
1. Entity Name WOMETCO ENTERPRISES, INC.					
Principal Place of Business C/O MICHAEL S. BROWN 3195 PONCE DE LEON BLVD CORAL GABLES, FL 33134			Mailing Address C/O MICHAEL S. BROWN 3195 PONCE DE LEON BLVD CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2540605 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03292007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MICHAEL S. BROWN 3195 PONCE DE LEON BLVD CORAL GABLES, FL 33134				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MICHAEL S.		NAME		
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERTZ, ARTHUR H.		NAME		
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCEWEN, RICHARD		NAME		
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FURFARO, JOSEPH V		NAME		
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERTZ, ANDREW P		NAME		
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITER, ALLAN		NAME		
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
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: 			3-29-07 305-529-1414		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
MICHAEL S. BROWN					