

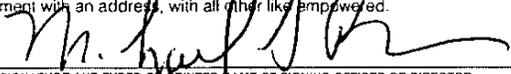
2007 FOR PROFIT CORPORATION ANNUAL REPORT

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	
6. Name and Address of Current Registered Agent MICHAEL S. BROWN 3195 PONCE DE LEON BLVD CORAL GABLES, FL 33134		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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			