

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061393

Entity Name: WBW II CORPORATION

FILED  
Mar 10, 2008  
Secretary of State

**Current Principal Place of Business:**

1658 BAY ROAD #505  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1658 BAY ROAD  
#505  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1658 BAY ROAD #505  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1658 BAY ROAD  
#505  
MIAMI BEACH, FL 33139

FEI Number: 26-0229069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLOUCHA, L.M. ESQ  
100 SE 3RD AVE SUITE 1400  
FORT LAUDERDALE, FL 33394 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEST, WALTER B II  
Address: 1658 BAY ROAD #505  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: WEST, WALTER B II  
Address: 1658 BAY ROAD #505  
City-St-Zip: MIAMI BEACH, FL 33139

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.

SIGNATURE: WALTER BRITTON WEST II

PTSD

03/10/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date