

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000118368

Entity Name: WBH 25F CORP.

**FILED**  
**May 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2665 S BAYSHORE DRIVE  
906  
COCONUT GROVE, FL 33133

## **New Principal Place of Business:**

2665 S BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133

## **Current Mailing Address:**

2665 S BAYSHORE DRIVE  
906  
COCONUT GROVE, FL 33133

## **New Mailing Address:**

2665 S BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133

FEI Number: 26-1325823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GURIAN, JORGE  
2665 S BAYSHORE DRIVE  
906  
COCONUT GROVE, FL 33133 US

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

GURIAN, JORGE  
2665 S BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133 US

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: JORGE L GURIAN

05/01/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DPS  
Name: SARAS CABEZA, JOSE A.  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS  
Name: RIBERA MURCIA, ROSA M  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: JOSE A. SARAS CABEZA

DPS

05/01/2012

Electronic Signature of Signing Officer or Director

Date