

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90001 018 ***150.00

DOCUMENT # P07000130681

1. Entity Name
WAB ENTERPRISES, INC.



Principal Place of Business
**15249 SW 8TH WAY
MIAMI, FL 33194 US**

Mailing Address
**15249 SW 8TH WAY
MIAMI, FL 33194 US**

2. Principal Place of Business - No P.O. Box #
12465 NW 7 Street
Suite, Apt. #, etc.

3. Mailing Address
12465 NW 7 Street
Suite, Apt. #, etc.

City & State
MIAMI, FL 33182
Zip Country

City & State
MIAMI, FL 33182
Zip Country

09102008 Chg-P CR2E034 (12/06)

4. FEI Number
26-1553577
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARIZA, WILLIAM
15249 SW 8TH WAY
MIAMI, FL 33194**

7. Name and Address of New Registered Agent

Name **WILLIAM ARIZA**
Street Address (P.O. Box Number is Not Acceptable)
12465 NW 7 Street
City **MIAMI** FL Zip Code **33182**

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

Signature, typed or printed name of registered agent and title if applicable.

William Ariza

(NOTE: Registered Agent signature required when reinstating)

09/10/2008

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ARIZA, WILLIAM**
STREET ADDRESS **15249 SW 8TH WAY**
CITY-ST-ZIP **MIAMI, FL 33194**

TITLE **T** ☐ Delete
NAME **MOTOA, MARTHA**
STREET ADDRESS **15249 SW 8TH WAY**
CITY-ST-ZIP **MIAMI, FL 33194**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **WILLIAM ARIZA**
STREET ADDRESS **12465 NW 7 Street**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **T** ☒ Change ☐ Addition
NAME **MARTHA MOTOA**
STREET ADDRESS **12465 NW 7 Street**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

William Ariza

WILLIAM ARIZA

09/10/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #