


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

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|--------------------------------|---|
| DOCUMENT # P92000014807 |  |
| 1. Entity Name W.C.D.I INC. | |

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|---|---|
| Principal Place of Business 3051 N W 107 AVE MIAMI, FL 33172 US | Mailing Address PO BOX 527525 MIAMI, FL 33152-7525 US |
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 65-0380624 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS L ESQ
9485 SUNSET DRIVE A-204
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD D'ALINCOURT, ANTOINE 3872 ALCANTARA AVE MIAMI, FL 33178 |
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03/09/05-80033-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Antoine D'Alincourt 03/04/2005 305 593-5354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #