## FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

## **FILED** Apr 26, 2004 8:00 am Secretary of State

1. Entity Name  WEALTH AND WECCH	ru (	04-26-2004 90518 049 ***	*150.00
DO NOT WRITE IN THIS SE	PACE		50 m
2. Principal Place of Business 3. Mailing Address	a E	7.	<u>.</u>
3/10 157. ST. WEST SAME Suite, Apt. # etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State  S.T. P. F. P. R. A.C. A. F. City & State  Country  Country  Zio		4. FEI Number 59-3209790	Applied For Not Applicable
333706 P. NELLAS Zip	Country		.75 Additional Required
7. Name and Address of Current Registered Agent			
DO NOT WRITE    Name   JAne   D. Anguein   Street Address (P.O. Box Number is Not Acceptable)			EIR
	Street Address (	(P.OBox-Number-is-Not-Acceptable)	
IN THIS SPACE	311	6 IST. ST. WEST	#301
City J. PETR BEACH FL Zig Code 2 06			
<ol><li>The above named entity submits this statement for the purpose of changing its the obligations of registered agent.</li></ol>	registered office or register	red agent, or both, in the State of Florida. I am familia	ar with, and accept
SIGNATURE Signature, typed or priftleyname of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS		1 7 7	
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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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRIN