


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000003720
1. Entity Name
WAREHOUSE MANAGEMENT, INC.



Principal Place of Business Mailing Address
7812 SW 84 PLACE 7812 SW 84 PLACE
MIAMI, FL 33143 US MIAMI, FL 33143 US

DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0461513 Not Applicable

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

6. Name and Address of Current Registered Agent
LUACES, TERESA
7812 SW 84 PLACE
SUITE 200
MIAMI, FL 33143

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LUACES, TERESA 7812 SW 84 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LUACES, ENRIQUE 7812 SW 84TH PL MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LUACES, LORENZO JR 7877 SW 79TH CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000096443
03/25/04-80030-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *TERESA LUACES* 3/22/04 (305) 629-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #