


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000055178</b>					
1. Entity Name WEC FORT LAUDERDALE, INC.					
Principal Place of Business 1508 NE 4TH AVE FORT LAUDERDALE, FL 33305			Mailing Address 1508 NE 4TH AVE FORT LAUDERDALE, FL 33305		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIVOTI, ANTHONY M JR. 721 N.E. 3 AVENUE FORT LAUDERDALE, FL 33304				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITNEY, STEPHEN		NAME		
STREET ADDRESS	707 N.E. 20TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENTERLINE, JACK L		NAME		
STREET ADDRESS	707 N.E. 20TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENTERLINE, JACK L		NAME		
STREET ADDRESS	707 NE 20 AVE		STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Stephen Whitney, Pres.</i>		<i>Stephen Whitney, Pres.</i>		<i>4/22/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <i>954 803 6763 8219</i>	



04142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0508239 Applied For Not Applicable

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

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04/28/05-80023-012 150.00