

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90134 006 \*\*\*150.00

**DOCUMENT # P95000040870**

1. Entity Name  
**WONDERWERKS, INC.**



Principal Place of Business  
**138 ALHAMBRA PL  
WEST PALM BEACH FL 33405**

Mailing Address  
**138 ALHAMBRA PL  
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0584203**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASRIO, CARL A ESQ.  
639 E OCEAN AVE  
SUITE 207  
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

**FL** Zip Code

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D**  Delete  
NAME: **GOUSSELAND, PIERRE**  
STREET ADDRESS: **21 DEER PARK DR**  
CITY-ST-ZIP: **GREENWICH CT 06830**

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
NAME: **DAVES, JOEL T**  
STREET ADDRESS: **301 CLEMENS ST**  
CITY-ST-ZIP: **WEST PALM BEACH FL**

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
NAME: **JENSEN, BRUCE**  
STREET ADDRESS: **138 ALHAMBRA PL**  
CITY-ST-ZIP: **WEST PALM BEACH FL 33405**

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
NAME: **JENSEN, DONALD C**  
STREET ADDRESS: **138 ALHAMBRA PL**  
CITY-ST-ZIP: **WEST PALM BEACH FL 33405**

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
NAME: **JENSEN, RUTH**  
STREET ADDRESS: **138 ALHAMBRA PL**  
CITY-ST-ZIP: **WPB FL**

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/21/03**  
Daytime Phone #

CR2E034 (10/02)