


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90318 007 ***150.00

DOCUMENT # P95000070187

1. Entity Name
MICHAEL S. WECHTER, CLU & ASSOCIATES, INC.



Principal Place of Business
**10774 SW 133 TERR
 MIAMI, FL 33176 US**

Mailing Address
**P.O. BOX 580
 WEAVERVILLE, NC 28787 US**

50044294



2. Principal Place of Business
9021 S.W. 94th Ave.

3. Mailing Address
P.O. Box 1359

Suite, Apt. #, etc.

04072005 Chg-P CR2E034 (10/03)

City & State
Miami FL

City & State
Fairview, N.C.

Zip
33176

Country
USA

Zip
28730

Country
U.S.A.

4. FEI Number
65-0611166

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MICHAEL WECHTER
 10774 SW 133 TERR
 MIAMI, FL 33176**

7. Name and Address of New Registered Agent
 Name **Michael Wechter**
 Street Address (P.O. Box Number is Not Acceptable)
9021 S.W. 94th Ave.
 City **Miami** **FL** Zip Code **33176**

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 **Michael Wechter - Pres.** DATE **4-21-05**

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, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P WECHTER, MICHAEL S 10774 SW 133 TERR MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9021 S.W. 94th Ave. Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michael Wechter** DATE **4-21-05** DAYTIME PHONE # **305-254-0001**

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