


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90072 004 ***150.00

DOCUMENT # P95000091584

1. Entity Name
WHEEL GROUP, INC.



Principal Place of Business
**11900 BISCAYNE BLVD. STE 280
MIAMI, FL 33181**

Mailing Address
**11900 BISCAYNE BLVD. STE 280
MIAMI, FL 33181**

2. Principal Place of Business - No P.O. Box #
11900 BISCAYNE BLVD.

3. Mailing Address
11900 BISCAYNE BLVD.

Suite, Apt., etc.
304

Suite, Apt., etc.
304

City & State
MIAMI

City & State
MIAMI

Zip
33181

Country
USA

Zip
33181

Country
USA



01042008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0631517

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RIEMER, GEORGE ESQ.
11900 BISCAYNE BLVD.
STE 280
MIAMI, FL 33181**

7. Name and Address of New Registered Agent

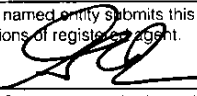
Name
RIEMER, GEORGE ESQ.

Street Address (P.O. Box Number is Not Acceptable)
**11900 BISCAYNE BLVD.
STE # 304**

City
MIAMI

FL Zip Code
33181

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  **GEORGE RIEMER** DATE **01/04/08**

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, 2008 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	PD HEIDEN, WILLIAM M 6494 ALLISON ROAD MIAMI, FL 33141 <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	S HEIDEN, RUBY 6494 ALLISON ROAD MIAMI, FL 33141 <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 exemptions contained in Chapter 119, 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:  **WILLIAM M. HEIDEN** **RUBY HEIDEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/04/08** Daytime Phone # **305-992-6444**