
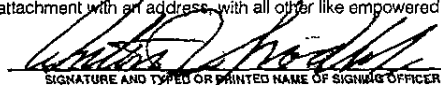


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000058604</b> 1. Entity Name WIMPY HOLDINGS CORP.			
Principal Place of Business 13480 S.W. 248TH STREET MIAMI, FL 33032		Mailing Address 17820 S. DIXIE HWY. MIAMI, FL 33157 US	
<b>DO NOT WRITE IN THIS SPACE</b>		04122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0682873 Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SVADBIK, ANTON 17820 S. DIXIE HWY. MIAMI, FL 33157		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		<b>DO NOT WRITE IN THIS SPACE</b>	
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, 2004 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		000000112900 04/14/04-80041-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
P SVADBIK, ANTON 17820 S. DIXIE HWY MIAMI, FL 33157			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
VP SVADBIK, PATRICIA 17820 S. DIXIE HWY MIAMI, FL 33157			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		04/12/04 (305) 255-1219	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	