


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90026 003 ***150.00

DOCUMENT # P96000065825			
1. Entity Name WAKKANAI REALTY, INC.			
Principal Place of Business 815 PONCE DE LEON, 2ND FLOOR CORAL GABLES FL 33134		Mailing Address 815 PONCE DE LEON, 2ND FLOOR CORAL GABLES FL 33134	
2. Principal Place of Business		3. Mailing Address <i>3001 Ponce de Leon Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>203</i>	
City & State		City & State <i>Coral Gables</i>	
Zip	Country	Zip <i>33134</i>	Country <i>Miami-Dade</i>
6. Name and Address of Current Registered Agent FIGUEROA, LUIS 815 PONCE DE LEON, 2ND FLOOR CORAL GABLES FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BATISTA, WALKYRIA 815 PONCE DE LEON BLVD, 2ND FLOOR CORAL GABLES FL 33134 <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	SD FIGUEROA, LUIS 815 PONCE DE LEON BLVD, 2ND FLOOR CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

4. FEI Number **65-0742925** Applied For ☐ Not Applicable ☐

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

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
LUIS A. FIGUEROA - DIRECTOR

1/24/04
Date

Daytime Phone #