## ŽÓ04 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Mar 05, 2004 08:00 AM Secretary of State

DOCUMENT # P9700006296  1. Entity Name W.K.G., INC.  Principal Place of Business  Mailing Address					Secretary of State
1801 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401  1801 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401					
		<u> </u>			
DO NOT WRITE IN THIS SPAC				03012004	No Chg-P CR2E034 (10/03)
			CE	4. FEI Number         Applied For           65-0732558         Not Applicable	
				5. Certificate of Status Desired  Fee Required	
6. Name and Address of Current Registered Agent					
GHUMRAW, WALEEUL R 1801 S DIXIE HWY WEST PALM BEACH, FL 33401			DO NOT WRITE		
<b>***</b>			i i	IN	THIS SPACE
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  Should and a contraction of registered agent.  NOTE Projetered Agent signature required when registaling).  DATE					
Sold of the sold o					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees	000000078065 03/08/04-80012-021 150.00
10. TITLE	OFFICERS AND DIRECT	CTORS	<b> </b>		-
NAME	GHUMRAWI, WALEED K				
STREET ADDRESS CITY- ST- ZIP	1801 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401		<u> </u>		
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME STREET ADDRESS				DO	NOT WOITE
CITY-ST-ZIP					NOT WRITE
TITLE NAME				IN	THIS SPACE
STREET ADDRESS CITY-ST-ZIP					
TITLE			1		
NAME STREET ADDRESS					
CITY-ST-ZIP			<u></u>	~====	
title Name					
STREET ADDRESS CITY-ST-ZIP					
	certify that the information supplied with this f	iling does not qualify for the exe	mption stated in S	ection 119.07(3)	(i), Florida Statutes. I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.					