2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 29, 2005 8:00 am DOCUMENT # P97000020744 **Secretary of State** 1. Entity Name 03-29-2005 90025 010 ***150.00 W.V.B., INC. Mailing Address Principal Place of Business 9565 SW 72 STREET 10795 S.W. 108 AVE. SUITE 107 MIAMI FL 33176 50031891 SUITE 107 **MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE . CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0734283 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SR-I BOONROD - WATTANA -SRIBOONROD; WATTANA Street Address (P.O. Box Number is Not Acceptable) :-10795 S.W. 108 AVE. SUITE: 107 5.W 103 FD MIAMI FL 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 (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 \$5.00 May Be Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE TITLE PD ☐ Delete ☐ Change noitibhA 🔲 NAME WATTANA, SPIBOONROD NAME 10795 S.W. 108 AVE. 136 01 S.W. 1032 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP VPD ☐ Change Addition TITLE Detete TITLE SRITHIP, VICHIT NAME NAME 103rd PLACE 13601 STREET ADDRESS 10795 S.W. 108 AVE. STREET ADDRESS CITY-ST-7iP MIAMI FL 33176 CITY+ST-ZIP ☐ Change ☐ Addition TITLE Delete THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a state of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the

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