

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022252

Entity Name: WENONE-MIRAMAR, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

3750 UTOPIA DRIVE
MIRAMAR, FL 33423

New Principal Place of Business:

Current Mailing Address:

145 CITRUS PARK CIRCLE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 65-0734831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVSD () Delete
Name: MANZIONE, MICHAEL J
Address: 145 CITRUS PARK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: ROHRER, DEREK S
Address: 145 CITRUS PARK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: BACH, WALTER D JR.
Address: 145 CITRUS PARK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: CARR, TERRY
Address: 145 CITRUS PARK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS A. LECOMPTE

RA

04/29/2005

Electronic Signature of Signing Officer or Director

Date