

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90020 032 ***150.00

DOCUMENT # P97000023507

1. Entity Name
WILLIAM ENTERPRISES OF WEST PALM BEACH, INC.



Principal Place of Business Mailing Address

555 ARLINGTON DRIVE **555 ARLINGTON DRIVE**
WEST PALM BEACH, FL 33415 US **WEST PALM BEACH, FL 33415 US**

44010969



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0732729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, WILLIAM
555 ARLINGTON DRIVE
WEST PALM BEACH, FL 33415

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VEGA, WILLIAM
STREET ADDRESS	555 ARLINGTON DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	VP
NAME	VEGA, MINERVA
STREET ADDRESS	555 ARLINGTON DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	S
NAME	LOZADA, JULIO
STREET ADDRESS	555 ARLINGTON DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *x William Vega* Date: *5/6/582-5129*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #