2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000058324

1. Entity Name

WKB ENTERPRISES, INC.

DOCUMENT #



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90322 041 ***150.00

Principal Place of Business 748 NW 9 AVE 758 NW 9 AVE 958							WE TO						
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State City & State 4. FEI Number 65-0765970 Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROCK, WESLEY B Street Address (P.O. Box Number is Not Acceptable) 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 Signature Signature Signature Signature required when rematating) DATE FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS TIL AUDERDALE FL'83311 CITY-ST-ZIP STREET ADDRESS TIL AUDERDALE FL'83311	746 NW 9 AV	E	746 NW 9 AVE										
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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	indicated	on this repor	t or supplemental report is	true and a	accurate and that m	ny signat	ure shall have th	e same	legal effect as if made under oath; the	nat I am an off	icer or c	director	

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

4-29-03

954-463-0225