2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 22, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUME 1. Entity Name W. D. J. ENT				06-22-20	05 90078	042 ***1	50.00			
Principal Place of Business Mailing Address 10036 PINES BLVD HOLLYWOOD, FL 33024 Mailing Address 10036 PINES BLVD HOLLYWOOD, FL 33024					ŧ					
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Suite, Apt. #, etc. Suite, Apt. #, etc.				DK		O TRUTA INNII PRIM NREM N		BIRI BINT OBISE ES		
City & State City & State			م		06082005 4. FEI Number	Chg-P	CHZE	034 (10/03) Ao	plied For	
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33065 050 33065			RZÜÜĞ			of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent SCHEIBL, WILLIAM C III 210 UNIVERSITY DR., 502 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City City						
8. The above named entity submits his 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									and accept	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicabilit. (NDTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
TITLE DF	OFFICERS AND D	IRECTORS Delete	11.	· · ·	ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTORS Change	Addition	
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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 has 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 anadress, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MALE OF SIGNING OFFICER OR DIRECTOR										

ATTACHMENT

M A S PO BOX 771210

40089059

Coral Springs, Fl. 33077-1210 954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

06/11/05

Florida Department of State PO BOX 6327 Tallahassee, Fl. 32314

Re: WDL Enterprises, Inc. Doc# 97000090502

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, WDJ Enterprises, Inc.

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the postcard sent to companies to file the renewal due to an incorrect address.

While in our office, we checked the status of the corporation and determined they had not filed. They then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of WDJ Enterprises, Inc. based on not having received his 2005 Uniform business report due to the incorrect address and the failure to receive the reinstatement notification.

The client is aware of the filing deadline for future years. Should you have any questions, please contact my office.

Thank you, Sincerely,

David Hernandez