## FILED Mar 25, 2008 8:00 am Secretary of State 03-25-2008 90006 040 \*\*\*150.00

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000091613  1. Entity Name W.I. UNIT 2604 CORPORATION					40051585		
Principal Place o	of Business	Mailing Address			40001000		
1500 SAN REMO AVENUE 1500 SAN REMO			venue .		• •		
#125 Coral Gables,	, FL 33146	#125 Coral Gables, FL 33146			I CRRICTAL HE HAND FORM ONLY STRIK BOOM OR AND REVEL REVEL HE FOR HANDER IS IN	<b>11</b> 1	
2. Principal Plac	e of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			01172008 Chg-P CR2E034 (12/06)		
City & State		City & State			4. FEI Number Applied i 65-0800569 Not Appl		
Zip	Zip Country		Zip Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	1	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	=	
ATOUSADE	ATRIUM DECIGTEDED AGENTO INO				Name		
	GISTERED AGENTS,INC. EMON AVENUE		Street Address City		Street Address (P.O. Box Number is Not Acceptable)		
CORAL GAB	LES, FL 33146				Fi Zip Code	_	
8. The shows on	med entity submits this statement for	or the nurnose of changing	its registers	ad office or register	red agent, or both, in the State of Florida. I am familiar with, and ac		
the obligation	s of registered agent.			d Agent signatura raquirar		_	
	ritture, typeo or printed name of registered agen	E BAND DIEG EF BEDEDICERDIEG. (F	NOTE: Hagsstered	Ageni signeture required	d when retrestating) DATE		
	NOW!!! FEE IS \$150.00 1, 2008 Fee will be \$550.	9. Election Cam Trust Fund Co			i.00 May Be ded to Fees		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITUE P	D AUDRECOURT, TERESA	☐ Delete	TITLE		Change A	<b>Iddition</b>	
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146				ET ADORESS ST-ZIP		Ì	
TITLE NAME			TITLE	1	☐ Change ☐ A	Addition	
STREET ADDRESS CITY-ST-ZIP				et adoress ·St - ZIP			
TITLE NAME STREET ADORESS	. · ·			ET ADDRESS	☐ Change ☐ A	ddition	
CITY-ST-ZIP				ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP				ı	☐ Change ☐ A	ddition	
TITLE		Oeleta	TITLE	I .	☐ Change ☐ Ad	ddition	
NAME STREET ADORESS			name Stree	T ADORESS		[	
CITY-ST-ZEP			CITY-	ST-ZIP	·		
TITLE NAME STREET ADDRESS		☐ Delste		T ADDRESS	☐ Change ☐ Ad	ddition	
12. I hereby certificated on	ify that the information supplied with this report or supplemental report is	This filling does not qualify strue and accurate and the		st-ze mptions contained ure shall have the s	d in Chapter 119, Florida Statutes. I further certify that the informat same legal effect as if made under cath; that I am an officer or dire	tion	
of the corpor changed, or	ation of the received pyrirustee emp on a attachment with an address.	owered to execute this repo with all other like empowers	ort as equin	ed by Chapter 607	d in Chapter 119, Florida Statutes. I further certify that the informat same legal effect as if made under oath; that I am an officer or direct. Florida Statutes; and that my name appears in Block 10 or Block	11 11	
SIGNATU	RE: SUMMER SOUTH THE ON	PROVIDED NAME OF SACRIMO DEPIC	EB OR DIRECT	OR .	7 - 3/- 2008 Daylina Prone 8	_	