

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90285 009 ***150.00

DOCUMENT # P97000091905

1. Entity Name
WOLFE INTERNATIONAL TRADING CO.



Principal Place of Business

~~5411 N.W. 74TH AVE.~~ *1150 100 St #3*
~~MIAMI, FL 33166~~ *US*
Bay Harbor Islands, FL 33154

Mailing Address

~~5411 N.W. 74TH AVE.~~ *1150 100 St #3*
~~MIAMI, FL 33166~~ *US*
Bay Harbor Islands, FL 33154 **14017342**

2. Principal Place of Business

1150 100 St #3
B Suite, Apt. #, etc.

3. Mailing Address

1150 100 St #3
Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL

City & State

Bay Harbor Islands, FL

33154-1521 Zip

USA Country

33154 Zip

USA Country



04182005 Chg-P CR2E034 (10/03)

4. FEI Number

65-0791631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, GILBERT
~~5411 N.W. 74TH AVE.~~ *1150 100 St #3*
~~MIAMI, FL 33166~~ *Bay Harbor Islands, FL*
33154

7. Name and Address of New Registered Agent

Name *G. Gilbert Wolfe*
Street Address (P.O. Box Number is Not Acceptable) *1150 100 St #3*
City *Bay Harbor Islands* FL *33154*

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 *Gilbert Wolfe*
Signature typed or printed name of registered agent and officer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3 May 05 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PSTD
STREET ADDRESS WOLFE, GILBERT R
CITY-ST-ZIP ~~5411 N.W. 74TH AVE.~~ *1150 100 St #3*
~~MIAMI, FL 33166~~ *Bay Harbor FL 33154*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Gilbert Wolfe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 May 05 Date *7862951281* Daytime Phone #