


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90171 022 ***150.00

DOCUMENT # P98000036199	
1. Entity Name WISAN ENTERPRISES, INC.	

Principal Place of Business 728 NW LEJEUNE RD SUITE 428 MIAMI, FL 33126	Mailing Address 728 NW LEJEUNE RD SUITE 428 MIAMI, FL 33126
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2. Principal Place of Business 20105 N.W. 62 Court Suite, Apt. #, etc.	3. Mailing Address 201 N.W. 62 Court Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 58-2388411	Applied For <input type="checkbox"/> Not Applicable
Zip 33015	Country	Zip 33015	Country

6. Name and Address of Current Registered Agent VASQUEZ, WILLIAM A 728 NW LEJEUNE RD SUITE 428 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name VAZQUEZ WILLIAM A. Street Address (P.O. Box Number is Not Acceptable) 20105 N.W. 62 Court City Miami FL Zip Code 33015	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, WILLIAM A 782 NW LEJEUNE RD #428 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20105 N.W. 62 Court Miami Florida 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRIQUEZ, SANDRA E 782 NW LEJEUNE RD #428 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAZQUEZ SANDRA 20105 N.W. 62 Court Miami, Florida 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  04-30-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #