


FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90201 040 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000068848

1. Entity Name
 W.I.F.M., INC.



Principal Place of Business
 1665 W 49TH STREET
 HIALEAH, FL 33012

Mailing Address
 1665 W 49 ST
 HIALEAH, FL 33012 US

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

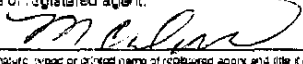
4. FRI Number 65-0298873	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DON, MARIA C
 1000 WEST AVENUE #825 PH-9
 MIAMI BEACH, FL 33139

**DO NOT WRITE
 IN THIS SPACE**

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  DATE 4/30/04

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DON, MARIA
STREET ADDRESS	1665 W 49TH ST
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	DON, MARIA
STREET ADDRESS	1665 W 49 ST
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR