


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90047 022 \*\*\*150.00

<b>DOCUMENT # P98000071494</b>	
1. Entity Name <b>W R INVESTMENT CORPORATION</b>	

Principal Place of Business <del>17027 WEST DIXIE HWY</del> <del>#119</del> <del>NORTH MIAMI, FL 33160</del>	Mailing Address <del>17027 WEST DIXIE HWY</del> <del>#119</del> <del>NORTH MIAMI, FL 33160</del>
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2. Principal Place of Business <b>16880 N.E. 19TH AVENUE</b>	3. Mailing Address <b>21050 N.E. 38TH AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>APT #2506</b>

01262004 Chg-P CR2E034 (10/03)

City & State <b>NORTH MIAMI FL,</b>	City & State <b>AVENTURA FL,</b>
Zip <b>33162</b>	Country <b>USA</b>
Zip <b>33180</b>	Country <b>USA</b>

4. FEI Number <b>65-0877924</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>WOLFF, ROBERTO</b> <del>21205 YACHT CLUB DR</del> <del>#2907 N. TOWER</del> <b>AVENTURA, FL 33180</b>	

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	PVPS CASSIN Yael, VANINA 21050 NE 38TH AVE #2506 AVENTURA, FL 33180 <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
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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: <i>Vanina Cassin Yael</i>	2/11/04	(305) 792-9503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		