


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90031 030 \*\*\*150.00

**DOCUMENT # P98000071494**

1. Entity Name  
**WR INVESTMENT CORPORATION**



Principal Place of Business      Mailing Address

**16880 NE 19TH AVE.**  
**MIAMI, FL 33162**

~~21050 NE 38TH AVE.~~  
**APT #2506**  
**MIAMI, FL 33180**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      **16880 N.E. 19th Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Miami FL**


Zip      Country      Zip      Country

**33162 USA**

6. Name and Address of Current Registered Agent

**WOLFF, ROBERTO**  
~~21050 NE 38TH AVE.~~  
~~APT #2506~~  
**AVENTURA, FL 33180**

**40050040**



03142006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**65-0877924**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2575 N.E. 6th Court**

City **North Miami Beach**      FL      Zip Code **33179**

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 \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS CASSIN YAEL, VANINA <del>21050 NE 38TH AVE #2506</del> <del>AVENTURA, FL 33180</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2575 N.E. 6th Court</b> <b>North Miami Beach FL 33179</b>
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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 exemptions contained in Chapter 119, 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:** Vanina Cassin Yael      3/14/06      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR