

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P98000094952

1. Entity Name

WIRE PUBLISHING, INC.



FILED

2006 JUL -5 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1111 KANE CONCOURSE
501
BAY HARBOUR ISLANDS FL 33154

Mailing Address

PO BOX 398537
MIAMI BEACH FL 33239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sophie Delaplaine
90 Park Drive Apt. #4
Bal Harbour, FL 33154

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0874871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELAPHINE, LOUISE S
10 LAGORCE CIRCLE
MIAMI BEACH FL 33141

Name

Street Address (Not Acceptable)

Sophie Delaplaine
90 Park Drive Apt. #4
Bal Harbour, FL 33154

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
DPST
DELAPlaine, LOUISE S
PO BOX 398537
MIAMI BEACH FL 33239 ☐ Delete

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

TITLE
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CITY - ST - ZIP
PB 7/10/04
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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*Wire Publishing
1111 Kane Concourse Suite #501
Bay Harbour Islands, FL 33154*

June 20, 2006

Re: Wire Publishing FEI # 65-0874871

Dear Madame/ Sir:

I called your office and spoke to Marguarita on 5/23/06 to have the Annual Report form resent. For some reason, the change of address form that I sent in was never processed. I am sending the form with a check for \$150.00 as per Marguarita's instructions. Thank you for your assistance in this matter. Please call me at 305-798-5642 should you need any other information.



Sophie Delaplaine
Wire Publishing, Inc