


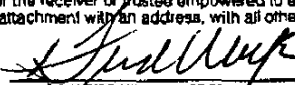
Sent By: ACCOUNTING OFFICES;

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**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90015 036 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000103168</b> 1. Entity Name <b>F. WOLFE ENTERPRISES, INC.</b>			
Principal Place of Business <b>21175 MAIN SAIL CIRCLE E-11 AVENTURA, FL 33180</b>		Mailing Address <b>21175 MAIN SAIL CIRCLE E-11 AVENTURA, FL 33180</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
06062005 No Chg-P CR2E034 (10/03)			
4. FEI Number <b>65-0880397</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WOLFE, FRED 21175 MAIN SAIL CIRCLE E-11 AVENTURA, FL 33180</b>		<b>DO NOT WRITE IN THIS SPACE</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 reappointing)) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOLFE, FRED 21175 MAIN SAIL CIRCLE, E11 AVENTURA, FL 33180		
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<b>DO NOT WRITE IN THIS SPACE</b>			
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:  <b>FRED WOLFE</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>7/27/05 305-331-8739</b> Date Daytime Phone #	