


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90078 023 ***150.00

DOCUMENT # P99000000210					
1. Entity Name WENDCO REAL ESTATE CORP.					
Principal Place of Business 23123 STATE RD 7, #230 BOCA RATON, FL 33428			Mailing Address C/O ELLIOT KAPLAN 20801 BISCAYNE BLVD #403 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Suite Suite, Apt. #, etc. City & State Zip Country			
Suite, Apt. #, etc.		Suite <i>Elliot Kaplan, PA</i> <i>Certified Public Accountant</i> <i>20801 Biscayne Blvd. Ste. 506</i> <i>Aventura FL 33180</i>			
City & State		City		Zip Country	
Zip		Country		Zip Country	
6. Name and Address of Current Registered Agent MCRAE, MITCHELL T 6274 LINTON BLVD STE 100 DELRAY BEACH, FL 33484				7. Name and Address of New Registered Agent Name Friedman, Rosenwasser & Goldbaum, P.A. Street Address (P.O. Box Number is Not Acceptable) 5355 Town Center Rd., Ste. 801 City Boca Raton FL Zip Code 33486	
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 <u>Ron Rosenwasser, VP Ron Rosenwasser</u> DATE <u>4-11-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WIENDMAN, MORTON 23123 STATE RD 7 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Wendman, Elsa 23123 State Road 7 Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Elsa Wendman</u> DATE <u>16/04/07</u> DAYTIME PHONE # <u>561-451-0095</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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4. FEI Number 65-0890541 Applied For Not Applicable

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