


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90002 001 ***150.00

DOCUMENT # P99000030253 1. Entity Name WRI EMPLOYERS INSURANCE, INC.	
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Principal Place of Business 4400 N. CONGRESS AVENUE SUITE 250 WEST PALM BEACH, FL 33407	Mailing Address 4400 N. CONGRESS AVENUE SUITE 250 WEST PALM BEACH, FL 33407
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50003449



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0927588	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OASIS OUTSOURCING ATTN:TERRY MOYETTE 4400 N CONGRESS AVE #250 WEST PALM BEACH, FL 33407	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANEMANN, CHARLES 1001 BRICKELL BAY DR 27TH FLOOR MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MNAYMNEH, SAMI 1001 BRICKELL BAY DR 27TH FLOOR MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO MAYOTTE, TERRACE A 4400 N CONGRESS AVE 250 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSEN, RICK 1001 BRICKELL BAY RD MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELVIN, STEPHEN 4400 N CONGRESS AVE 250 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Terry Mayotte 1-12-05 541-227-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #