2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100120

Entity Name: WAM A.H., INC.

FILED Feb 02, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
524 92ND STREET SURFSIDE, FL 33154 US			1260 NW 29TH STREET MIAMI, FL 33142 US			
Current Mailing Address:				New Mailing Address:		
524 92ND STREET SURFSIDE, FL 33154 US				1260 NW 29TH STREET MIAMI, FL 33142 US		
FEI Number	: 58-2506221	FEI Number Applied For ()	FEI Number No	ot Applicable()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name	and Address	of New Registered Agent:	
MAGNANI, MASSIMO 524 92ND ST SURFSIDE, FL 33154 US			1260	MAGNANI, MASSIMO 1260 NW 29TH STREET MIAMI, FL 33142 US		
	e named entity e of Florida.	submits this statement for the	purpose of chan	ging its register	red office or registered agent, or both,	
SIGNATURE: MASSIMO MAGNANI				02/02/2004		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADD	TIONS/CHAN	GES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	MARCHESINI, VIA CAVOUR,		Title: Name: Addres City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GRASS, MICH VIA CAVOUR,		Title: Name: Addres City-S		() Change () Addition	
Title: Name: Address: City-St-Zip:	ONGINI, DAVII 5100 W. BAY I) Delete) HARBOUR DR APT 11DE R ISLAND, FL 33154	Title: Name: Addres City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRISEMUR, FI 9110 WEST B) Delete REDERIC AY HARBOUR DR. R ISLAND, FL 33154	Title: Name: Addres City-S	s: 524 92ND		
Title: Name: Address: City-St-Zip:	D (MAGNANI, MA 524 92ND ST SURFSIDE, FL		Title: Name: Addres City-S		() Change () Addition	
Title: Name:	S (BRODSKY, NA) Delete UM	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MASSIMO MAGNANI D 02/02/2004

75 BOULDERBROOK CIRCLE

LAWRENCEVILLE, GA 30045

Address:

City-St-Zip: