## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000100120

Entity Name: WAM A.H., INC.

FILED Jan 17, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
524 92ND S SURFSIDE,		US				
Current Mailing Address:			New Mailii	New Mailing Address:		
524 92ND S SURFSIDE,		US				
FEI Number: 5	58-2506221	FEI Number Applied For ( ) FEI N	umber Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
MAGNAM, MASSIMO 524 92ND ST SURFSIDE, FL 33154 US			524 92ND 8	MAGNANI, MASSIMO 524 92ND ST SURFSIDE, FL 33154 US		
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.						
SIGNATURE: MASSIMO MAGNANI					01/17/2003	
	Electroni	ic Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  A			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Address:	MARCHESINÌ, V VIA CAVOUR, 38		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GRASS, MICHAI VIA CAVOUR, 38		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ONGIAVI, DAVID 5100 W. BAY HA	Delete ) ARBOUR DR APT 11DE ISLAND, FL 33154	Title: Name: Address: City-St-Zip:	ONGINI, DAVID 5100 W. BAY H	Change()Addition ARBOUR DR APT 11DE ISLAND, FL 33154	
Title: Name: Address: City-St-Zip:	D () BRISGOUR, FRI 524 92ND ST SUNRISE, FL 3	EDERIC	Title: Name: Address: City-St-Zip:	BRISEMUR, FR 9110 WEST BA	Change()Addition EDERIC Y HARBOUR DR. ISLAND, FL 33154	
Title: Name: Address: City-St-Zip:	D () MAGWANI, MAS 524 92ND ST SUNRISE, FL 3		Title: Name: Address: City-St-Zip:	D (X) MAGNANI, MAS 524 92ND ST SURFSIDE, FL		
Title: Name: Address: City-St-Zip:	S () BRODSKY, NAU 75 BOULDERBR LAWRENCEVILI	ROOK CIRKLE	Title: Name: Address: City-St-Zip:	S (X) BRODSKY, NAU 75 BOULDERBI LAWRENCEVIL	ROOK CIRCLE	

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.

SIGNATURE: MASSIMO MAGNANI CEO 01/17/2003