


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # S76757</b><br>1. Entity Name<br>W.M. PERIODICAL PUBLISHING COMPANY |  |
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|  |  |
|--|--|
| Principal Place of Business<br>2105 NW 102 AVE.<br>MIAMI, FL 33172 | Mailing Address<br>2105 NW 102 AVE.<br>MIAMI, FL 33172 |
|--|--|



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>65-0289233  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |                                   |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BOHORQUES, JOSE<br>9385 SW 21ST STREET<br>MIAMI, FL 33131 | <b>DO NOT WRITE IN THIS SPACE</b> |
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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000089129  
03/15/04-80080-017 158.75

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>STENMARK, YOLANDO<br>5353 NW 36 ST<br>MIAMI, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GELFAND, ARTHUR<br>2105 NW 102 AVE.<br>MIAMI, FL 33172 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BOHORQUES, JOSE<br>9385 SW 21ST ST<br>MIAMI, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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:**  **3/12/04** **305-592-3919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #