

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S76757**

1. Entity Name  
**W.M. PERIODICAL PUBLISHING COMPANY**



Principal Place of Business  
**2105 NW 102 AVE.  
MIAMI, FL 33172**

Mailing Address  
**2105 NW 102 AVE.  
MIAMI, FL 33172**



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0289233**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BOHORQUES, JOSE  
9385 SW 21ST STREET  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
STENMARK, YOLANDO  
5353 NW 36 ST  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GELFAND, ARTHUR  
2105 NW 102 AVE.  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BOHORQUES, JOSE  
9385 SW 21ST ST  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
ROMERO, ORLANDO  
2105 NW 102 AVE  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1107000458255  
03/16/06 80021-018 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Orlando Romero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/06*  
Date

*305-592-3919*  
Daytime Phone #