


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT# V10320**  
 1. Entity Name  
**WESCOM (MIAMI) CORPORATION**



Principal Place of Business      Mailing Address  
**2804 NW 72ND AVENUE**      **2804 NW 72ND AVENUE**  
**MIAMI, FL 33122 US**      **MIAMI, FL 33122 US**

**DO NOT WRITE IN THIS SPACE**



07232004    NoChg-P    CR2E034(10/03)

4. FEINumber      Applied For  
**65-0316651**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**EN-HUEL, LOU**  
**2804 NW 72ND AVENUE**  
**MIAMI, FL 33122**

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required whenever installing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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	D YAW, CHEN 2804 NW 72ND AVENUE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EN-HOEL, LOU 2804 NW 72ND AVENUE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 07/26/04-80015-006 558.75

**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)(f), 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:** \_\_\_\_\_      **7-23**      **3055911515**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR      Date      Daytime Phone #