


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2005 08:00 AM
Secretary of State

| | | | | | |
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| DOCUMENT # V16349 1. Entity Name WLW GROUP, INC. | | | |  | |
| Principal Place of Business 421 DAROCO AVENUE CORAL GABLES FL 33146 US | | | Mailing Address 421 DAROCO AVE CORAL GABLES FL 33146 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WOOD, RICHARD A. 2 FOWLER WHITE BURNETT 1 SE 2ND STREET 17TH FLOOR MIAMI FL 33131 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD WOOD, WILLIAM L. 421 DAROCO AVENUE CORAL GABLES FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;"> 000000235704 02/19/05-80015-021 150.00 </div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VPSD WOOD, SUE A. 421 DAROCO AVENUE CORAL GABLES FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ASD WOOD, RICHARD A. 6500 CELLINI ST CORAL GABLES FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: William L. Wood, President <div style="display: flex; justify-content: space-between;"> 2-14-05 </div> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |



1st MOORE CR2E034 (10/04)