

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0313520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, RICHARD A.
2 FOWLER WHITE BURNETT
1 SE 2ND STREET 17TH FLOOR
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 PD
NAME WOOD, WILLIAM L.
STREET ADDRESS 421 DAROCO AVENUE
CITY-ST-ZIP CORAL GABLES, FL

TITLE VPSD
NAME WOOD, SUE A.
STREET ADDRESS 421 DAROCO AVENUE
CITY-ST-ZIP CORAL GABLES, FL

TITLE ASD
NAME WOOD, RICHARD A.
STREET ADDRESS 8500 CELLINI ST
CITY-ST-ZIP CORAL GABLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000511424
04/29/06-80039-025 150.00

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.

WILLIAM L. WOOD, President

SIGNATURE: *William L. Wood, Pres*

April 12, 06