

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V16349

Entity Name: WLW GROUP, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

421 DAROCO AVENUE  
CORAL GABLES, FL 33146 US

## New Principal Place of Business:

## Current Mailing Address:

421 DAROCO AVE  
CORAL GABLES, FL 33146 US

## New Mailing Address:

FEI Number: 65-0313520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, RICHARD A.  
2 FOWLER WHITE BURNETT  
1 SE 2ND STREET 17TH FLOOR  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

WOOD, RICHARD A ESQ.  
C/O FOWLER WHITE BURNETT, P.A.  
1395 BRICKELL AVENUE, 14TH FLOOR  
MIAMI, FL 33131 US

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.

SIGNATURE: RICHARD A. WOOD

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOOD, WILLIAM L.  
Address: 421 DAROCO AVENUE  
City-St-Zip: CORAL GABLES, FL

Title: VPSD ( ) Delete  
Name: WOOD, SUE A.  
Address: 421 DAROCO AVENUE  
City-St-Zip: CORAL GABLES, FL

Title: ASD (X) Delete  
Name: WOOD, RICHARD A.  
Address: 6500 CELLINI ST  
City-St-Zip: CORAL GABLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPSD (X) Change ( ) Addition  
Name: WOOD, RICHARD A.  
Address: 6500 CELLINI STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. WOOD

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date