

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 023 ***150.00

DOCUMENT # J63536
 1. Entity Name
 WELCOME USA OF FLORIDA, INC.



Principal Place of Business
 351 ALTARA AVENUE
 SUITE B
 CORAL GABLES FL 33146

Mailing Address
 351 ALTARA AVENUE
 SUITE B
 CORAL GABLES FL 33146



2. Principal Place of Business - No P.O. Box #
 300 Sevilla Ave

3. Mailing Address
 300 Sevilla Ave

Suite, Apt. #, etc.
 Suite 305

Suite, Apt. #, etc.
 Suite 305

1st MOORE CR2E034 (10/06)

City & State
 Coral Gables FL

City & State
 Coral Gables FL

Zip
 33134

Country
 USA

Zip
 33134

Country
 USA

4. FEI Number 65-0012953

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HEGE, KENDALL O
 351 ALTARA AVE SUITE B
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name Hege, Kendall O.
 Street Address (P.O. Box Number is Not Acceptable)
 300 Sevilla Ave
 Suite 305
 City Coral Gables FL Zip Code 33134

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 *Kendall Hege President* DATE 2/12/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PTD HEGE, KENDALL O 351 ALTARA AVENUE SUITE B CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEGE, MATTHEW A 351 ALTARA AVE, SUITE B CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Hege Kendall O. 300 Sevilla Ave Suite 305 Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Hege Matthew A 300 Sevilla Ave Suite 305 Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kendall Hege* DATE: 2/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR