2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003335

DIAZ, CHRISTOPHER

DORAL, FL 33178

5450 NW 107TH AVENUE #706

Name:

Address:

City-St-Zip:

FILED Feb 17, 2007 Secretary of State

Entity Name: WWJD, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
6965 NW 4 MIAMI, FL	6TH STREE [®] 33166 US				
Current Ma	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
6965 NW 4 MIAMI, FL	6TH STREE 33166 US	•			
FEI Number:	20-0861473	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
RODRIQUEZ, MARIO I 11308 NW 54TH TERRACE MIAMI, FL 33178 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.					
SIGNATUR	E:				
Electronic Signature of Registered Agent			t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (RODRIQUEZ, 11308 NW 54 MIAMI, FL 33	TH TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (MORENO, NE 11308 NW 54 MIAMI, FL 33	TH TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (GARCIA, ROB 6965 NW 46TI MIAMI, FL 33	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIO RODRIGUEZ PD 02/17/2007