

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 14, 2012
Secretary of State**

DOCUMENT# N08000010328

Entity Name: WE CARE FOR THE POOR INTERNATIONAL INC.**Current Principal Place of Business:**1762 PALMERSTON CIRCLE
OCOEE, FL 34761**New Principal Place of Business:****Current Mailing Address:**1762 PALMERSTON CIRCLE
OCOEE, FL 34761**New Mailing Address:****FEI Number:** 26-3734468**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ELIASSAINT, BERTEAU SR.
1750 NE 138 ST
NORTH MIAMI, FL 33181 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P
Name: LEWIS, PAULA
Address: 127 E. MAPLE STREET
City-St-Zip: SALE CITY, GA 31784**Title:** V
Name: TRAPP, HEATHER
Address: 5045 WINCHESTER DR.
City-St-Zip: TITUSVILLE, FL 32780**Title:** S
Name: RODRIGUEZ, ESTHER
Address: 657 CHURCH STREET
City-St-Zip: GRETNA, FL 32332**Title:** D
Name: ELIASSAINT, BERTEAU SR.
Address: 1750 NE 138 ST
City-St-Zip: NORTH MIAMI, FL 33181**Title:** T
Name: VASQUEZ, ELIZABETH
Address: 1762 PALMERSTON CIRCLE
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: PAULA LEWIS

P

09/14/2012

Electronic Signature of Signing Officer or Director_____
Date