

2004

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90292 022 ***150.00

DOCUMENT # P95000058965

1. Entity Name
WE HELP YOU BUY, INC.

Principal Place of Business
1632 NECTARINE TRAIL
CLERMONT FL 34711
US

Mailing Address
1632 NECTARINE TRAIL
CLERMONT FL 34711
US

2. Principal Place of Business
1632 NECTARINE TRAIL
Suite, Apt. #, etc.

3. Mailing Address
1632 NECTARINE TRI
Suite, Apt. #, etc.

City & State
CLERMONT FL

City & State
CLERMONT FL

4. FEI Number 59-3332767 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SPINOS, MICHAEL W
1632 NECTARINE TRAIL
CLERMONT FL 34711

7. Name and Address of New Registered Agent
Name N-A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 fee if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SPINOS, MICHAEL W 1632 NECTARINE TRAIL CLERMONT FL 34711 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: Michael W Spinosa PSTD. 12/31/02 352-242-4789

CR2E034 (10/02)

FOR YEAR 2004

R C SPINOS 10/2003
1632 NECTARINE TRAIL
CLERMONT, FL 34711-6120

533
63-215/631

DATE 4-6-04

PAY TO THE ORDER OF Department of State FL \$ 150.00

One Fifty & 00/100

SUNTRUST Michael W SPINOS 293.36-4584 SSA
SunTrust Bank

FOR We Help You Buy Inc R.C. Spinosa