

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90011 020 ***150.00

DOCUMENT # P96000081220 1. Entity Name WEBLAND CORPORATION					
Principal Place of Business 7350 NW 12TH STREET SUITE 202 MIAMI, FL 33126			Mailing Address 7350 NW 12TH STREET SUITE 202 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 409 Daroco Avenue		3. Mailing Address 409 Daroco Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Coral Gables FL		City & State Coral Gables FL		4. FEI Number 65-0701046	
Zip 33146		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03192008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MORA, CARLOS 7350 NW 12TH STREET, SUITE 202 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Carlos Mora Street Address (P.O. Box Number is Not Acceptable) 409 Daroco Ave City Coral Gables FL Zip Code 33146		
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 <u><i>Carlos Mora</i></u> DATE <u>03/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MORA, CARLOS STREET ADDRESS 7350 NW 12TH ST., SUITE 202 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE 409 Daroco Ave NAME Coral Gables FL 33146 STREET ADDRESS Coral Gables FL 33146 CITY-ST-ZIP Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MENENDEZ, RODOLFO STREET ADDRESS 3321 OVERLOOK ROAD CITY-ST-ZIP DAVIE, FL 33328	<input type="checkbox"/> Delete		TITLE VP NAME MENENDEZ, RODOLFO STREET ADDRESS 3321 OVERLOOK ROAD CITY-ST-ZIP DAVIE, FL 33328	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any address, with all other like empowered.					
SIGNATURE: <u><i>Carlos Mora</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/24/08</u> Daytime Phone # <u>305.477.5533</u>		