

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000025304

**FILED**  
**Feb 25, 2019**  
**Secretary of State**  
**6551522840CC**

**Entity Name:** WE HELP BROKERAGE CORPORATION

**Current Principal Place of Business:**

7960 LAKELAND STREET  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

7749 NORMANDY BLVD  
SUITE # 145-405  
JACKSONVILLE, FL 32221 US

**FEI Number:** 46-2300916

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERTS, M.W.  
7749 NORMANDY BLVD  
SUITE #145-405  
JACKSONVILLE, FL 32221 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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            P  
Name            ROBERTS, MATTHEW WAYNE  
Address        7749 NORMANDY BLVD  
                  SUITE # 145-405  
City-State-Zip: JACKSONVILLE FL 32221

Title            DIRECTOR  
Name            REIMANN, JAMES P  
Address        7749 NORMANDY BLVD  
                  SUITE # 145-405  
City-State-Zip: JACKSONVILLE FL 32221

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MATTHEW WAYNE ROBERTS

**PRESIDENT**

**02/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date