2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # G11362 WELERS, INC.				~ •	J	
	of Business MERCIAL BLVD. ALE, FL 33308	Mailing Address 2900 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308					
D	O NOT WRITE	E IN THIS SPA	CE	03302005 4. FEI Numbe 59-223		CR2E034 (1	
HOLLYWO	DMMERCIAL BLVD.	DO NOT WRITE IN THIS SPACE					
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 title of applicable. PROTE Registered Agent signature, required when reinstating? DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEDMAN, MARC 2632 NE 35 DR FT. LAUDERDALE, FL 33308	DIRECTORS			U00000 04/08/05)294725 -80081-01	7 150.00
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 grifts be 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DAYS OF DAYS PROPER DAYS OF DIRECTOR DAYS OF DAYS OF DIRECTOR DAYS OF D							