

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21947

Entity Name: WESPED, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

190 CASUARINA CONOURSE
CORAL GABLES, FL 33143

New Principal Place of Business:

190 CASUARINA CONOURSE
CORAL GABLES, FL 33143

Current Mailing Address:

C/O BARRY M. BRANT, BERKOWITZ ET AL
200 SOUTH BISCAYNE BLVD., SIXTH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0360793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANT, BARRY M
200 SOUTH BISCAYNE BLVD
SIXTH FLOOR
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WESTON PULLER, HAROLD JR
Address: 3721 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: V () Delete
Name: BRANT, BARRY
Address: 200 SOUTH BISCAYNE BLVD, SIXTH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY BRANT

V

04/29/2009

Electronic Signature of Signing Officer or Director

Date