

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91001 044 ***150.00

DOCUMENT # L36149 1. Entity Name WENINVEST, INC.			
Principal Place of Business 20801 BISCAYNE BLVD 505 AVENTURA, FL 33180 US		Mailing Address 20801 BISCAYNE BLVD 505 AVENTURA, FL 33180 US	
2. Principal Place of Business 23123 STATE RD 7 Suite, Apt. #, etc. 230 City & State BOCA RATON, FL		3. Mailing Address 90 Elliot Kaplan, CPA, PA 20801 Biscayne Boulevard Suite 403 Aventura, FL 33180	
Zip 33428 Country FL		4. FEI Number 98-0106276 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04042004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MCRAE, MITCHELL T 230003 S. STATE RD 7 HALLANDALE, FL 33428		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PDT WENDMAN, MORTON 23123 STATE ROAD 7 BOCA RATON, FL 33428 <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	SD WENDMAN, ELSA 23123 STATE ROAD 7 BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 information approved.			
SIGNATURE: <u><i>M. Wendman</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4-29-04</u> Daytime Phone # _____	