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Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90076 025 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L36149

1. Entity Name
WENINVEST, INC.

40075502

Principal Place of Business	Mailing Address
23123 SR 7 230 BOCA RATON, FL 33428 US	C/O ELLIOT KAPLAN, CPA 20801 BISCAYNE BLVD., STE. 403 AVENTURA, FL 33180 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite: *Elliot Kaplan, PA Certified Public Accountant 20801 Biscayne Blvd. Ste. 506 Aventura FL 33180*
City & State	City
Zip / Country	Zip / Country

03292007 Chg-P CR2E034 (12/06)

4. FEI Number: 98-0106276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCRAE, MITCHELL T 230003 S. STATE RD 7 HALLANDALE, FL 33428	Name: Friedman, Rosenwasser & Goldbaum, P.A. Street Address (P.O. Box Number is Not Acceptable): 5355 Town Center Rd., Ste. 801 City: Boca Raton FL Zip Code: 33486

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: *Ron Rosenwasser, VP* Ron Rosenwasser DATE: 4-11-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Wendman, Elsa 23123 State Road 7 Boca Raton, FL 33428 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WENDMAN, ELSA 23123 STATE ROAD 7 BOCA RATON, FL 33428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 an address, with all other like empowered. Elsa Wendman

SIGNATURE: *Elsa Wendman* 16/04/07 561-451-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #