


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90043 027 \*\*\*150.00

<b>DOCUMENT # L36149</b> 1. Entity Name <b>WENINVEST, INC.</b>					
Principal Place of Business <b>23123 SR 7</b> <b>230</b> <b>BOCA RATON, FL 33428 US</b>			Mailing Address <b>20801 BISCAYNE BLVD., STE. 506</b> <b>AVENTURA, FL 33180 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <div style="text-align: center;"> <i><b>Elliot Kaplan, PA</b></i>  <i><b>Certified Public Accountant</b></i>  <b>20801 Biscayne Blvd. Ste. 506</b>  <b>Aventura FL 33180</b> </div>			
Suite, Apt. #, etc.		St		01142008 Chg-P CR2E034 (12/06)	
City & State		City		4. FEI Number <b>98-0106276</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>MCRAE, MITCHELL T</b> <b>5355 TOWN CENTER RD STE 801</b> <b>BOCA RATON, FL 33486</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT 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 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.					
SIGNATURE: <i>Elise Wendman</i>			Date: <i>01/31/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: <i>305-935-4636</i>		