


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M43738 1. Entity Name WEDA DEVELOPERS, INC.	
---	---

Principal Place of Business 2600 DOUGLAS RD. PENTHOUSE 5 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS RD. PENTHOUSE 5 CORAL GABLES, FL 33134
--	--

DO NOT WRITE IN THIS SPACE

01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2752810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOUMIET, JUAN GREENBERG TRAUIG 1221 BRICKELL AVENUE MIAMI, FL 33131	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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

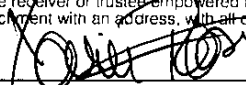
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEVITT, STEVEN T. 2600 DOUGLAS RD, PH 5 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALES, X E 2600 DOUGLAS RD, PH 5 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROSALES, X. FRANCISCO 2600 DOUGLAS RD, PH-5 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000678249
04/02/07-80025-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **X. FRANCISCO ROSALES** **02/02/07** **(305) 461-2142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #