

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006744

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** WOMEN'S ECOMMERCE ASSOCIATION INTERNATIONAL, INC.

**Current Principal Place of Business:**

10890 S.W 27 CT  
HTTP://WEMAGAZINEFORWOMEN.COM  
DAVIE, FL 33328 US

**New Principal Place of Business:**

10890 S.W 27 CT  
DAVIE, FL 33328 US

**Current Mailing Address:**

P.O. BOX 550856  
FORT LAUDERDALE, FL 33355 US

**New Mailing Address:**

**FEI Number:** 06-1702976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHARDS, SUZANNAH  
10890 SW 27 CT  
DAVIE, FL 33328 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RICHARDS, HEIDI  
Address: 10890 SW 27 CT.  
City-St-Zip: DAVIE, FL 33328 US

Title: VS  
Name: OBERT, JENNIFER  
Address: 10890 SW 27 CT  
City-St-Zip: DAVIE, FL 33328 US

Title: VT  
Name: RICHARDS, SUZANNAH  
Address: 10890 SW 27TH CT.  
City-St-Zip: DAVIE, FL 33328 US

Title: D  
Name: FRIEFELD, SUSAN  
Address: 11567 N. OPEN CT.  
City-St-Zip: COOPER CITY, FL 33026 US

Title: D  
Name: DUPREE, TINA  
Address: P. O. BOX 45081  
City-St-Zip: OPA LOCKA, FL 33054 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEIDI RICHARDS MOONEY

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date