2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N04000005847

Entity Name: WE CARE FOR YOU UNITY OF THE FAMILY INC.

Current Principal Place of Business:

12490 NE 7TH AVENUE
SUITE 218
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12490 NE 7TH AVENUE
SUITE 218
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 30-0283402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACQUET, FELITO
12490 NE 7TH AVENUE
SUITE 218
NORTH MIAMI, FL 33161 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: EX-D ( ) Delete
Name: JACQUET, FELITO
Address: 14795 NE 18TH AVENUE APT. 208
City-St-Zip: N MIAMI, FL 33181

Title: P ( ) Delete
Name: ETIENNE, LOPERE FOUNDER
Address: 575 NE 143 APT. 364
City-St-Zip: N MIAMI, FL 33181

Title: P ( ) Delete
Name: DOISSAINT, MORIL
Address: 1530 NE 136 ST APT. 15
City-St-Zip: MIAMI, FL 33161

Title: S ( ) Delete
Name: DOISSAINT, GUANCILENE
Address: 1530 NE 136 ST APT. 15
City-St-Zip: MIAMI, FL 33161

Title: S ( ) Delete
Name: ETIENNE, GUERDO SUB
Address: 575 NE 14TH ST APT. 304
City-St-Zip: NORTH MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACQUET MR 05/01/2008

Electronic Signature of Signing Officer or Director — Date