

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005847

FILED  
Apr 21, 2009  
Secretary of State

**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)**

**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 FELITO

MR

04/21/2009

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

\_\_\_\_\_  
Date