

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010923

Entity Name: WESTERN UNITED, INC.

FILED
Mar 20, 2008
Secretary of State

Current Principal Place of Business:

13875 NW 22ND AVENUE SUITE 235
MIAMI, FL 33054

Current Mailing Address:

13875 NW 22ND AVENUE SUITE 235
MIAMI, FL 33054

New Principal Place of Business:

3613 S.W. 14 STREET
2
FT. LAUDERDALE, FL 33312

New Mailing Address:

3613 S.W. 14 STREET
2
FT. LAUDERDALE, FL 33312

FEI Number: 87-0755888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETITFRERE, FRANTZ
3613 S.W 14 STREET
2
FT. LAUDERDALE, FL 33312 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: DP () Delete
Name: PETITFRERE, FRANTZ
Address: 3613 S.W. 14 STREET #2
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DV () Delete
Name: TODO, JULIEN
Address: 1330 N.W. 4 COURT
City-St-Zip: BOCA RATON, FL 33432

Title: DV () Delete
Name: PIERRE, ALIX
Address: 755 E. DAYTON CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DV () Delete
Name: LEMY, JONEL P.A.
Address: 540 S.E. 3 STREET
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DV () Delete
Name: SHAKESPIERRE, ED
Address: 4676 COLLIER ROAD
City-St-Zip: LAKE WORTH, FL 33463

Title: DV () Delete
Name: ALLISON, SANDRICE
Address: 560 NW 179 TERRACE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PETITFRERE, FRANTZ
Address: 3613 S.W. 14 STREET, SUITE 2
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DV (X) Change () Addition
Name: ALLISON, SANDRICE
Address: 560 NW 179 TERRACE
City-St-Zip: MIAMI, FL 33169

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: DV (X) Change () Addition
Name: DELAPORTAS, GRIGORIOS
Address: P.O. BOX 13489
City-St-Zip: ST. PETERSBURG, FL 33733

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: FRANTZ PETITFRERE

DP

03/20/2008

Electronic Signature of Signing Officer or Director

Date