

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009367

FILED
May 02, 2008
Secretary of State

Entity Name: WECOUNTI, INC.

Current Principal Place of Business:

45 S FLAGLER AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

PO BOX 344116
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 56-2638368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FRIED, JONATHAN L
45 S FLAGLER AVENUE
HOMESTEAD, FL 33030 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: MR. () Delete
Name: SYLVAIN, SHANEL DIRECTO
Address: 139 S. REDLAND ROAD, #107
City-St-Zip: FLORIDA CITY, FL 33034

Title: MS. () Delete
Name: FLORVIL, MARISE A DIRECTO
Address: 26935 SW 142 AVE.
City-St-Zip: HOMESTEAD, FL 33032

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: SYLVAIN, SHANEL PRES.
Address: 139 S. REDLAND ROAD, #107
City-St-Zip: FLORIDA CITY, FL 33034

Title: REV. (X) Change () Addition
Name: FLORVIL, MARISE A VP
Address: 26935 SW 142 AVE.
City-St-Zip: HOMESTEAD, FL 33032

Title: MS. () Change (X) Addition
Name: MICLISSE, ELNA SECY
Address: 954 DAVIS PARKWAY #59
City-St-Zip: FLORIDA CITY, FL 33034

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: SHANEL SYLVAIN

_____ Electronic Signature of Signing Officer or Director

MR

05/02/2008

_____ Date