

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009367

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: WECOUNTI, INC.

**Current Principal Place of Business:**

45 S FLAGLER AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

1350 SW 4 ST.  
HOMESTEAD, FL 33030

**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 ( )

**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:**

FRIED, JONATHAN L  
1350 SW 4 ST.  
HOMESTEAD, FL 33030      US

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: JONATHAN L. FRIED

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR.      (X) Change ( ) Addition  
Name: DORSINVIL, JOSEPH F DIR.  
Address: 135 S. REDLAND RD. #102  
City-St-Zip: FLORIDA CITY, FL 33034

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

Title: MR.      (X) Change ( ) Addition  
Name: ETIENNE, FRITZLORME DIR.  
Address: 15944 SW 304 TERR.  
City-St-Zip: HOMESTEAD, FL 33033

Title: MS.      ( ) Change (X) Addition  
Name: NICHOLS, DEBBIE DIR.  
Address: 156 NE 13 AVE.  
City-St-Zip: HOMESTEAD, FL 33033

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: MARISE A. FLORVIL

REV.

01/14/2009

Electronic Signature of Signing Officer or Director

Date