

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 02, 2012
Secretary of State

DOCUMENT# N08000010328

Entity Name: WE CARE FOR THE POOR INTERNATIONAL INC.**Current Principal Place of Business:**8401 VALENCIA COLLEGE LANE
ORLANDO, FL 32825**New Principal Place of Business:**1762 PALMERSTON CIRCLE
OCOE, FL 34761**Current Mailing Address:**8401 VALENCIA COLLEGE LANE
ORLANDO, FL 32825**New Mailing Address:**1762 PALMERSTON CIRCLE
OCOE, FL 34761**FEI Number:** 26-3734468**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ELIASSAINT, BERTEAU SR.
1750 NE 138 ST
NORTH MIAMI, FL 33181 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: P
Name: LEWIS, PAULA
Address: 104 SCOTTY CT. THOMASVILLE
City-St-Zip: THOMASVILLE, GA 31792

Title: V
Name: TRAPP, HEATHER
Address: 5045 WINCHESTER DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D
Name: MORENE, NANCY
Address: 905 NE 13TH AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: D
Name: ELIASSAINT, BERTEAU SR.
Address: 1750 NE 138 ST
City-St-Zip: NORTH MIAMI, FL 33181

Title: T
Name: VASQUEZ, ELIZABETH
Address: 1762 PALMERSTON CIRCLE
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: BERTEAU ELIASSAINT

D

02/02/2012

Electronic Signature of Signing Officer or Director

Date