

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000092742

Entity Name: WE CARE FOR YOU, INC.

FILED
Sep 29, 2005
Secretary of State

Current Principal Place of Business:

5715 N. ANDREWS WAY
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5715 N. ANDREWS WAY
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1141394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, CLYDE J
6425 N.W. 55TH STREET
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

BRADFORD, BEILLY
400 SE 18TH
FT LAUDERDALE FL, FL 33316 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: BRADFORD BEILLY, ESQ 09/29/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLE, SHELIA
Address: 6425 NW 55 ST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V () Delete
Name: BONDI, SALLY
Address: 3779 SW 51ST STREET
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T (X) Delete
Name: COLE, CLYDE
Address: 6425 NW 55 ST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S (X) Delete
Name: REEVES, KELLY
Address: 3779 SW 51ST STREET
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REEVES, KELLY
Address: 3779 SW 51 ST
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S/T (X) Change () Addition
Name: BONDI, SALLY
Address: 3779 SW 51ST STREET
City-St-Zip: FT LAUDERDALE, FL 33312

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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY REEVES P 09/29/2005

Electronic Signature of Signing Officer or Director Date