

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092742

Entity Name: WE CARE FOR YOU, INC.

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

1000 W MCNAB RD
111
FT. LAUDERDALE, FL 33069

Current Mailing Address:

PO BOX 667527
POMPANO BEACH, FL 33066

New Principal Place of Business:

1000 W MCNAB RD
242
FT. LAUDERDALE, FL 33069

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:

BRADFORD, BEILLY
1144 SE 3 AVE
FT LAUDERDALE FL, FL 33316 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REEVES, KELLY
Address: 3659 NW 17TH TERRACE
City-St-Zip: OAKLAND PARK, FL 33309

Title: S/T () Delete
Name: BONDI, SALLY
Address: 3659 NW 17TH TERRACE
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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

05/02/2008

Electronic Signature of Signing Officer or Director

Date