

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 007 ***150.00

DOCUMENT # P01000094383

1. Entity Name
WEBUYWESELL INC.



Principal Place of Business
**9903 B SOUTH HWY TRAIL
BOYNTON BEACH, FL 33436**

Mailing Address
**9903 B SOUTH HWY TRAIL
BOYNTON BEACH, FL 33436**

40097433



2. Principal Place of Business

9903 B South Military Trail
Suite, Apt. #, etc.

3. Mailing Address

9903 B South Military Trail
Suite, Apt. #, etc.

06272006

Chg-P

CR2E034 (11/05)

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

4. FEI Number

71-6933153

Applied For

Not Applicable

Zip

33436

Country

USA

Zip

33436

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERLMAN, MADELAINE
14539-D SOUTH MILITARY TRAIL
DELRAY, FL 33484**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9903 B South Military Trail

City

BOYNTON BEACH

FL

Zip Code

33436

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PERLMAN, MADELAINE**
STREET ADDRESS **14539-D SOUTH MILITARY TRAIL**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

X *[Handwritten Signature]*

X *[Handwritten Signature]*