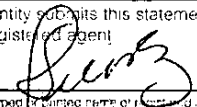
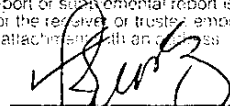


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90098 036 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                           |                                                                                                   |                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P02000015961                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                           |                                                                                                   |                       |  |
| <b>1. Entity Name</b><br>WE "R" FAMILY USA CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                           |                                                                                                   |                                                                                                        |  |
| <b>Principal Place of Business</b><br>2230 SW 131 CT.<br>MIAMI, FL 33175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                           | <b>Mailing Address</b><br>2230 SW 131 CT.<br>MIAMI, FL 33175                                      |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              | <b>3. Mailing Address</b> |                                                                                                   |                                                                                                        |  |
| Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              | Suite, Apt #, etc.        |                                                                                                   |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              | City & State              |                                                                                                   | <b>4. FEI Number</b><br>01-0599958                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              | Country                   |                                                                                                   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                           | <b>7. Name and Address of New Registered Agent</b>                                                |                                                                                                        |  |
| SUAREZ, MERCEDES<br>1302 SW 150 AVE<br>MIAMI, FL 33194                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                |                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                           | FL Zip Code                                                                                       |                                                                                                        |  |
| <b>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.</b><br>SIGNATURE:                                                                                                                                                                                                                                                                                                                |                                                              |                           |                                                                                                   |                                                                                                        |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                           |                                                                                                   |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                      |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>SUAREZ, MERCEDES<br>1302 SW 150 AVE<br>MIAMI, FL 33194 |                           | <input type="checkbox"/> Delete                                                                   |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                        |  |
| <b>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 life empowered.</b> |                                                              |                           |                                                                                                   |                                                                                                        |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                           |                                                                                                   |                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                           |                                                                                                   |                                                                                                        |  |