

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000021920

Entity Name: WE CARE 4 U, INC.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2799 NW BOCA RATON BLVD  
SUITE114  
BOCA RATON, FL 33431

## **New Principal Place of Business:**

## **Current Mailing Address:**

2799 NW BOCA RATON BLVD  
SUITE114  
BOCA RATON, FL 33431

## **New Mailing Address:**

FEI Number: 41-2029168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MILLAN, EDWARD I  
1962 NE 7TH STREET  
101  
DEERFIELD BEACH, FL 33441 US

## **Name and Address of New Registered Agent:**

MILLAN, EDWARD I  
2799 NW BOCA RATON BLVD  
SUITE 114  
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

02/23/2011

Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ALEXANDER, DEBRA  
Address: 2799 NW BOCA RATON BLVD., SUITE 114  
City-St-Zip: BOCA RATON, FL 33431

Title: VM  
Name: MILLAN, EDWARD I  
Address: 2799 NW BOCA RATON BLVD., SUITE 114  
City-St-Zip: BOCA RATON, FL 33431

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD MILLAN

VM

02/23/2011

Electronic Signature of Signing Officer or Director

Date