

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90418 050 \*\*\*150.00

DOCUMENT # P02000061256  
 1. Entity Name  
 WECO HARDWARE, INC.



Principal Place of Business: 2276 NW 82 AVE, MIAMI, FL 33122  
 Mailing Address: 2276 NW 82 AVE, MIAMI, FL 33122

**14014401**



2. Principal Place of Business: 5275 NW 161 st  
 3. Mailing Address: 5275 NW 161 st

04212005 Chg-P CR2E034 (10/03)

City & State: Miami FL  
 City & State: Miami FL  
 Zip: 33014 Country: USA

4. FEI Number: 45-3042504  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MOSCATEL, ELIAS  
 20805 NE 30 PL  
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: *[Signature]* DATE: 4/29/05

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	MOSCATEL, ELIAS	TITLE:	
NAME:	20805 NE 30 PL	NAME:	
STREET ADDRESS:	AVENTURA, FL 33180	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: V	TOUSSOUN, EDWIN ESSES	TITLE:	
NAME:	3RA TRANV DE LOS RUISES NORTE	NAME:	
STREET ADDRESS:	CARACAS VENEZUELA,	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: TS	BENHAMU, ISAAC W	TITLE:	
NAME:	3RA TRANV DE LOS RUISES NORTE	NAME:	
STREET ADDRESS:	CARACAS VENEZUELA,	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *[Signature]* DATE: 4/29/05 DAYTIME PHONE #: 305-430-9610