## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000061256

City-St-Zip:

CARACAS VENEZUELA,

Entity Name: WECO HARDWARE, INC.

FILED Jun 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
4960 NW HIALEAH,					
Current Mailing Address:			New Mailing Address:		
4960 NW HIALEAH,					
FEI Number	: 45-3042504	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
MOSCATE 20805 NE AVENTUR		US			
	named entity e of Florida.	submits this statement for the pr	urpose of changing its regis	stered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not g Trust Fund Contribution().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( MOSCATEL, E 20805 NE 30 F AVENTURA, FI	PL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TOUSSOUN, E	E LOS RUISES NORTE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	BENHAMU, ISA	) Delete AAC W E LOS RUISES NORTE	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: ELIAS MOSCATEL P 06/26/2009