

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000068581

FILED
Apr 02, 2003
Secretary of State

Entity Name: WE CAN CORPORATION, INC.

Current Principal Place of Business:

2025 PAPRIKA DR
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2025 PAPRIKA DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 68-0510711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, MARTHA C
3038 MICHIGAN AVENUE
KISSIMMEE, FL 34744

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTAMARIA, PATRICIA
Address: 2025 PAPRIKA DR
City-St-Zip: ORLANDO, FL 32837

Title: V () Delete
Name: ROJAS, MARTHA C
Address: 3038 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OCAMPO, ALMA
Address: 2025 PAPRIKA DR
City-St-Zip: ORLANDO, FL 32837

Title: V (X) Change () Addition
Name: OCAMPO, ALMA
Address: 2025 PAPRIKA DR
City-St-Zip: ORLANDO, FL 32837

Title: T () Change (X) Addition
Name: OCAMPO, ALMA
Address: 2025 PAPRIKA DR
City-St-Zip: ORLANDO, FL 32837

Title: D () Change (X) Addition
Name: OCAMPO, ALMA
Address: 2025 PAPRIKA DR
City-St-Zip: ORLANDO, FL 32837

Title: C () Change (X) Addition
Name: OCAMPO, ALMA
Address: 2025 PAPRIKA DR
City-St-Zip: ORLANDO, FL 32837

Title: S () Change (X) Addition
Name: OCAMPO, ALMA
Address: 2025 PAPRIKA DR
City-St-Zip: ORLANDO, FL 32837

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

SIGNATURE: OCAMPO, ALMA

P

04/02/2003

Electronic Signature of Signing Officer or Director

Date