2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90042 041 ***150.00

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DOCUMENT # P02000110796

1. Entity Name
WECARE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~266~~ WILSHIRE BOULEVARD SUITE ~~127~~ CASSELBERRY, FL 32707	~~266~~ WILSHIRE BOULEVARD SUITE ~~127~~ CASSELBERRY, FL 32707

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
238 WILSHIRE BLVD		238 WILSHIRE BLVD	
Suite, Apt. #, etc. 149		Suite, Apt. #, etc. 149	
City & State CASSELBERRY, FL		City & State CASSELBERRY, FL	
Zip 32707	Country USA	Zip 32707	Country USA

4. FEI Number 14-1878631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LACHMANDAS, RAMCHANDANI J ~~265~~ WILSHIRE BOULEVARD SUITE ~~127~~ CASSELBERRY, FL 32707	Name LACHMANDAS, RAMCHANDANI J. Street Address (P.O. Box Number is Not Acceptable) 238 WILSHIRE BLVD S-149 SUITE 149 City CASSELBERRY FL Zip Code 32707

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 Ramchandani. 02/05/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LACHMANDAS, RAMCHANDANI J ~~268~~ WILSHIRE BLVD. ~~#127~~ CASSELBERRY, FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACHMANDAS, RAMCHANDANI J. 238 WILSHIRE BLVD S-149 CASSELBERRY, FL 32707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMCHANDANI, SHASHIBALA ~~266~~ WILSHIRE BLVD. ~~#127~~ CASSELBERRY, FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACHMANDAS RAMCHANDANI J. 238 WILSHIRE BLVD CASSELBERRY, FL 32707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Ramchandani. 02-05-04 (407) 263-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #