

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91003 032 ***158.75

DOCUMENT # P02000119318					
1. Entity Name WE DO, CORP.					
Principal Place of Business 11606 PEACH GROVE LN ORLANDO, FL 32821			Mailing Address 11606 PEACH GROVE LN ORLANDO, FL 32821		
2. Principal Place of Business 6649 Mission Club Blvd Suite, Apt. #, etc. Apt. 101 City & State ORLANDO, FL Zip 32821		3. Mailing Address 6649 Mission Club Blvd Suite, Apt. #, etc. Apt. 101 City & State Orlando, FL Zip 32821			
Country USA		Country USA		04162004 Chg-P CR2E034 (10/03)	
4. FEI Number 51-1135785				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE OLIVEIRA, EDUARDO H- 3379 S KIRKMAN RD #1019 ORLANDO, FL 32811			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6649 Mission Club Blvd # 101 City Orlando FL Zip Code 32821		
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 <u>Eduardo H. Oliveira</u> <u>PT</u> <u>04/16/2004</u> <u>DATE</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PT <input type="checkbox"/> Delete DE OLIVEIRA, EDUARDO H 3379 S KIRKMAN RD #1019 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6649 Mission Club Blvd # 101 Orlando, FL - 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete DE OLIVEIRA, VALERIA M.M. H 3379 S KIRKMAN RD #1019 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6649 Mission Club Blvd # 101 Orlando, FL - 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>EDUARDO H. OLIVEIRA</u> <u>04/23/04</u> <u>(407) 832-9331</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>					