


**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90387 032 \*\*\*158.75


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000087643</b> 1. Entity Name <b>WE'RE UNITED, INC.</b>	
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Principal Place of Business <b>19060 N 57 AVE MIAMI LAKES, FL 33015</b>	Mailing Address <b>P.O. BOX 380722 MIAMI, FL 33238</b>
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**DO NOT WRITE IN THIS SPACE**

**66016086**



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>01-0795234</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SMITH, COSVIA 19050 N 57 AVE MIAMI LAKES, FL 33015</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD SMITH, COSVIA 19060 NW 57 AVE MIAMI LAKES, FL 33015</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Cosvia Smith **05-16-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #