

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017772

Entity Name: WELLMARC ENTERPRISES INC

FILED  
May 26, 2009  
Secretary of State

## Current Principal Place of Business:

901 E. SAMPLE RD., SUITE M  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

901 E. SAMPLE RD., SUITE M  
POMPANO BEACH, FL 33064

## New Mailing Address:

FEI Number: 20-0644656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEFARIA, WELLINGTON  
5427 NW 48 ST  
COCONUT CREEK, FL 33073 US

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: DEFARIA, WELLINGTON  
Address: 5427 NW 48 ST  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VSD ( ) Delete  
Name: DEFARIA, SANDRA  
Address: 5427 NW 48 ST  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: VELASCO, MARCOS  
Address: 3085 RIVERSIDE DR.  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WELLINGTON DEFARIA

P

05/26/2009

Electronic Signature of Signing Officer or Director

Date