P08000073031

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COVER LETTER

TO:	Amendment Section Division of Corporation	ns			
SUBJECT: WE PRODUCTIONS CORP Name of Corporation					
DOCL	JMENT NUMBER:	P086	000073031		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
PAULA A. MOLINA Name of Contact Person					
WE PRODUCTIONS CORP Firm/Company					
2233 CALAIS DR Address					
MIAMI, FL 33141 City/State and Zip Code					
POLEITA@HOTMAIL.COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	PAULA A. Name of Contact	OLINA tt Person	at (305) 905 8289 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Amen Divisi P.O. E	g Address: dment Section on of Corporations Box 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organiz in order to change its registered office or register	zed under the laws of the State	of FLORIDA
The name of the corporation: WE PRODUCTION	-	oy r tortua.
2. The principal office address: 2233 CALAIS DR. AP		l
3. The mailing address (if different):		
4. Date of incorporation/qualification:	Document number:	P08000073031
The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned		e with the
PAULA A. MOLINA		
6937 BAY DRIVE EAST #30	7	10 1 SEC
MIAMI BEACH, FL 33141		APR I
6. The name and street address of the new registered agent (if changed):	. (if changed) and /or registered	Toffice RY &F S
PAULA A. MOLINA		
2233 CALAIS DR. APT 55A. MIA P.O. Box NOT		
The street address of its registered office and the street a as changed will be identical.	address of the business office	of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by ified in writing of the change	y an officer so
taulo Holiup Signature of an officer or director	PD. Foul A	A. MOLINA.
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblis document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and gation of my position as regis registered office address, I h	complete performance tered agent. Or, if this sereby confirm that the
Taula Hours APB 12,2010 Signature of Registered Agent APB 12,2010		010
If signing on behalf of an entity:		
Typed or Printed Name		
* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)