

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000087302

**Entity Name:** D' WE MANAGEMENT GROUP CORP

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8218 CASSIE RD  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

5936 BRILEY AVENUE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

8218 CASSIE RD  
JACKSONVILLE, FL 32221

**New Mailing Address:**

5936 BRILEY AVENUE  
JACKSONVILLE, FL 32208

**FILING CANCELLED**  
**RETURNED CHECK**

**FEI Number:** 45-2757922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKINS, DONQUIE  
5936 BRILEY AV.  
JACKSONVILLE, FL 32208 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILKINS, DONQUIE  
Address: 5936 BRILEY AV  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: DONIQUE WILKINS

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date