



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000029153 1. Entity Name WENOC ENTERPRISES, INC.	
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Principal Place of Business 20022 NW 62 PLACE MIAMI, FL 33015	Mailing Address 20022 NW 62 PLACE MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 AM 11:45
09/06/07 90011 047 15400


08312007	No Chg-P	CR2E034 (11/05)
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CONE, WILLIE J JR
20022 NW 62 PLACE
MIAMI, FL 33015**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity swears 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 *Willie J Cone* (NOTE: Registered Agent signature required when reinstating) DATE 8-31-07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONE, WILLIE J JR 20022 NW 62 PLACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONE, PAULA B 20022 NW 62 PLACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BS 9/13/07</u>

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IN THIS SPACE**

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: *Willie J Cone* 8-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #