2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State
04-01-2008 90011 020 ***150.00

DOCUMENT # P96000081220

1. Entity Name
WEBLAND CORPORATION

Principal Place of Business	Mailing Address
7350 NW 12TH STREET SUITE 202 MIAMI, FL 33126	7350 NW 12TH STREET SUITE 202 MIAMI, FL 33126

03192008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
409 Daroco Avenue	409 Daroco Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 65-0701046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORA, CARLOS
7350 NW 12TH STREET, SUITE 202
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Carlos Mora
Street Address (P.O. Box Number is Not Acceptable): 409 Daroco Ave
City: Coral Gables FL Zip Code: 33146

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: [signature] DATE: 03/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORA, CARLOS 7350 NW 12TH ST., SUITE 202 MIAMI, FL 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 409 Daroco Ave. Coral Gables FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MENENDEZ, RODOLFO 3321 OVERLOOK ROAD DAVIE, FL 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 03/24/08 305.477.5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #