## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P96000093778

1. Entity Name [WE OFFICE INVESTMENTS, INC.



FILED
Feb 234 2804 88:00 AM
Secretary of State

Principal Place of Business

10165 NW 19 ST MIAMI, FL 33172 Mailing Address

10165 NW 19 ST MIAMI, FL 33172



01192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0719423 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTON, EDWARD W 10165 NW 19 ST` MIAMI, FL 33172

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MIANI, PE 33112			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing 🗆	\$5.00 May Be Added to Fees	000000063900 02/23/04-80179-021 (50 75
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	EASTON, EDWARD W 10165 NW 19 ST MIAMI, FL 33172				
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4

EDWARD W. EASTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/04

(305) 593.2222