

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90099 002 ***150.00

DOCUMENT # P99000073820 1. Entity Name WEPERFORM.COM, INC.					
Principal Place of Business 91 ISLE OF VENICE FORT LAUDERDALE, FL 33301			Mailing Address PO BOX 30578 FORT LAUDERDALE, FL 33303		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 3705 W. Commercial Blvd		Suite, Apt. #, etc. P.O. Box 590820		01172005 Chg-P CR2E034 (10/03)	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 65-0941808	
Zip 33309		Country USA		Applied For ☐ Not Applicable	
Zip 33359		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMME, MICHAEL J 91 ISLE OF VENICE FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3705 W. Commercial Blvd City Ft. Lauderdale FL Zip Code 33309	
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 MICHAEL J. GRIMME CEO DATE 1/21/05 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, 2005 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	PSTD GRIMME, MICHAEL J 91 ISLE OF VENICE FORT LAUDERDALE, FL 33301	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIMME, PAMELA D 91 ISLE OF VENICE FORT LAUDERDALE, FL 33301	☐ Delete			
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12. 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, and all other like empowered.					
SIGNATURE: MICHAEL J. GRIMME CEO Date 954-735-5777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					