## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED 2004 MAY 28 PM 2: 22 DOCUMENT # J47188 1. Entity Name SECRETARY OF STATE WEST ACRES, INC. TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 9260 S.W. 72ND ST 9260 S.W. 72ND ST STE 206 'STE 206 MIAMI, FL 33173 MIAMI, FL 33173 03162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2756606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DIO NOTAWRITE SCHULTZ, STEVEN A. 100 S.E. 2ND ST. SUITE 2800 MIAMI, FL 33131 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BEHRENS, ALFREDO JR NAME STREET ADDRESS APARTADO 62 CITY-ST-ZIP CARACAS, VENEZUELA, DVAS TIFLE BEHRENS, HENRIQUE NAME 20-204--016-6--008-x-46-50-10 APARTADO 62 STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA, DVST MILE SCHULTZ, STEVEN A NAME STREET ADDRESS 100 S.E. 2ND ST. SUITE 2800 CRY-ST-ZIP MIAMI, EL 33131 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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