

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47188

FILED
Feb 26, 2009
Secretary of State

Entity Name: WEST ACRES, INC.

Current Principal Place of Business:

9360 SW 72ND STREET
STE 257
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9360 SW 72ND STREET
STE 257
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2756606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, STEVEN A
25 SE 2ND AVENUE
1135
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEHRENS, ALFREDO A JR.
Address: APARTADO 62
City-St-Zip: CARACAS, VENEZUELA, VE VE

Title: DVAS () Delete
Name: BEHRENS, MARIA E
Address: APARTADO 62
City-St-Zip: CARACAS, VENEZUELA, VE VE

Title: DVS () Delete
Name: SCHULTZ, STEVEN A
Address: 25 SE 2ND AVENUE, SUITE 1135
City-St-Zip: MIAMI, FL 33131

Title: DVT () Delete
Name: BEHRENS, RICARDO
Address: APARTADO 62
City-St-Zip: CARACAS, VENEZUELA, VE VE

Title: VAS () Delete
Name: SOULAVY, CRISTINA
Address: APARTADO 62
City-St-Zip: CARACAS, VENEZUELA, VE VE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO A BEHRENS

PD

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date