2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90108 004 ***158.75

DOCUMENT # P03000038948

1. Entity Name
WESFORT, CORPORATION

Principal Place of Business	Mailing Address
2203 NORTH LOIS AVENUE, STE 720 TAMPA, FL 33607	2203 NORTH LOIS AVENUE, STE 720 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1597913

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORIEGA, ARTHUR IV
2203 NORTH LOIS AVENUE, STE 720
TAMPA, FL 33607

DO NOT WRITE 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 Arthur Noriega IV 4/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	D
NAME	NORIEGA, ARTHUR IV
STREET ADDRESS	2203 NORTH LOIS AVENUE, STE 720
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	PD
NAME	TAN, TAHSIN ~~ADNAN~~ ADNAN
STREET ADDRESS	2203 NORTH LOIS AVENUE, STE 720
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VD
NAME	TAN, YUSUF AHMET
STREET ADDRESS	2203 NORTH LOIS AVENUE, STE 720
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Arthur Noriega IV 4/1/05 (813)8740330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #