

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061191

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: WEST COAST INSURANCE CONSULTANTS, INC.

## Current Principal Place of Business:

9460 S.W. 81 STREET  
MIAMI, FL 33173

## New Principal Place of Business:

8500 SW 8 STREET SUITE 242  
MIAMI, FL 33144

## Current Mailing Address:

PO BOX520574  
MIAMI, FL 331520574

## New Mailing Address:

8500 SW 8 STREET SUITE 242  
MIAMI, FL 33144

FEI Number: 20-0139519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATISTA, SONIA MISS  
9460 S.W. 81 ST  
MAIMI, FL 33173 US

## Name and Address of New Registered Agent:

BATISTA, SONIA  
9460 S.W. 81 ST  
MAIMI, FL 33173 US

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: SONIA BATISTA

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BATISTA, SONIA MISS  
Address: 9460 S.W.81 ST  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BATISTA, SONIA  
Address: 9460 S.W.81 ST  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SONIA BATISTA

P

04/23/2004

Electronic Signature of Signing Officer or Director

Date