


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90030 020 ***150.00

DOCUMENT # P04000076816
 1. Entity Name
 WEST FLORIDA INVESTMENTS, INC.



Principal Place of Business
 234 N DEL PRADO BLVD
 SUITE 3
 CAPE CORAL, FL 33909

Mailing Address
 234 N DEL PRADO BLVD
 SUITE 3
 CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2460462	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EXPOSITO, BERNIE
 3017 SE 17TH PL
 CAPE CORAL, FL 33904

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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 _____ DATE _____
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EXPOSITO, BERNIE 3017 SE 17TH PL CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, VICTOR 16523 N.W. 83RD PL. HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, JOHN W 10745 SW 32ND ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

*2819 SW 34TH AVE
 CAPE CORAL FL 33904*

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/8/06** **239 573 9902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #