


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000076816 1. Entity Name WEST FLORIDA INVESTMENTS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2460462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EXPOSITO, BERNIE 3017 SE 17TH PL CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

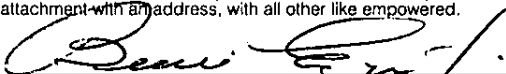
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXPOSITO, BERNIE 2819 SW 34 TERR CAPE CORAL, FL 33914
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	

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04/25/07-80043-004 150.00

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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:  DATE: 4/13/07. 239 DAYTIME PHONE #: 573-9802.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #