

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90032 003 ***150.00

DOCUMENT # P98000045471

1. Entity Name

TERRA WEST CORP.



Principal Place of Business

100 NW 37 AVE.
503
MIAMI FL 33125

Mailing Address

100 NW 37 AVE.
503
MIAMI FL 33125

2. Principal Place of Business

3663 SW 85T

3. Mailing Address

3663 SW 85T

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

SUITE 205

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33135

Country

USA

Zip

33135

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0838711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, EMILIO
6740 SW 78TH TERRACE
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ALVAREZ, EMILIO J
STREET ADDRESS 6740 S.W. 78TH TERRACE
CITY-ST-ZIP SO. MIAMI FL 33143

TITLE VTD ☐ Delete
NAME DE ARMAS, ALBERTO
STREET ADDRESS 266 MIAMI SPRINGS AVE.
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE SD ☐ Delete
NAME CACHALDORA, CARLOS
STREET ADDRESS 604 SW 68 AVE
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 3, 2004 305 443-8081