

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90016 021 ****61.25

DOCUMENT # N95000000519	
1. Entity Name 9900 WEST CORPORATION, INC.	

Principal Place of Business 9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154	Mailing Address 9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40000931



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0666676	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		7. Name and Address of New Registered Agent	
SANTANA, FRANCIS X 28 WEST FLAGLER ST. SUITE 500 MIAMI, FL 33130		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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGRANO, YATHA 9900 W BAYHARBOR DR., APT 6 MIAMI BEACH, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEGRAND BAY HARBOR ISLANDS, FL 33154 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ANNIE 9900 WEST BAY HARBOR DRIVE APT 3 BAY HARBOR ISLAND, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LASKY, DAVID 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	APT 1 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, JEFFREY C 9900 WEST BAY HARBOR DRIVE APT 2 BAY HARBOR ISLAND, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO PORTELA, JOSEPH 9900 WEST BAY HARBOR DRIVE APT 4 BAY HARBOR ISLAND, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, FRANCIS X 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: David Lasky DAVID LASKY 01/10/05 305-864-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #