2005-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2005 8:00 am Secretary of State DOCUMENT # P04000053441 1. Entity Name 03-23-2005 90024 037 ***150.00 1311 WEST CORPORATION Principal Place of Business Mailing Address 2122 BAY AVE SUNSET ISLAND #4 MIAMI BEACH FL 33140 2122 BAY AVE SUNSET ISLAND #4 40036214 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IVERQROBERT, Street Address (P.O. Box Number is Not Acceptable) 2122 BAY AVE SUNSET ISLAND #4 MIAMI BEACH FL 33140 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, . . . Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition IVER, ROBERT NAME NAME 2122 BAY AVE SUNSET ISLAND #4 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME IVER, LISA NAME STREET ADDRESS 2122 BAY AVE SUNSET ISLAND #4 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME IVER, WILLIAM NAME STREET ADDRESS 2122 BAY AVE SUNSET ISLAND #4 STREET AUDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THTLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED