

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000026377

FILED
Apr 27, 2005
Secretary of State

Entity Name: WESTONAVE PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

7027 W. BROWARD BLVD.
SUITE 372
PLANTATION, FL 33317

New Principal Place of Business:

4764 NW 6TH STREET
PLANTATION, FL 33317

Current Mailing Address:

P.O. BOX 16183
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0672232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, OSMOND
309 N.W. 44TH AVE.
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

WEST, OSMOND
4764 NW 6TH STREET
PLANTATION, FL 33317 US

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.

SIGNATURE: OSMOND WEST

04/27/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEST, OSMOND
Address: 309 N.W. 44TH AVE.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: WEST, DELROYE
Address: 309 N.W. 44TH AVE.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: WEST, JENNIFER
Address: 309 N.W. 44TH AVE.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEST, OSMOND
Address: 4764 NW 6TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change () Addition
Name: WEST, DELROYE
Address: 4764 NW 6TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change () Addition
Name: WEST, JENNIFER
Address: 4764 NW 6TH STREET
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSMOND WEST

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date