2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 298599

1. Entity Name

WEST MIAMI DEVELOPMENT CORP



Principal Place of Business

600 BITTMORE WAY SUITE 1002

MIAMI, FL 33134 US

Mailing Address

600 BITTMORE WAY SUITE 1002

MIAMI, FL 33134 US

FILED Apr 30, 2007 08:00 All Secretary of State



04252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1148752

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGER, HILDA H 600 BALTMORE WAY APT 1002 MIAMI, FL 33134

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				<u>*</u>	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contributio			cing	\$5.00 May Be . Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGER, HILDA H MRS. 600 BILTMORE WAY APT 1002 CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-SI-ZIP					000000747103 05/17/07-80013-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRIECTOR

Date

Daytime Phone #