


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 555482 1. Entity Name WESTGATE, INC.	
---	---

Principal Place of Business 3201 NW 24TH ST RD C/O MONOCANDILOS, JORDAN MIAMI, FL 33142	Mailing Address 3201 NW 24TH ST RD C/O MONOCANDILOS, JORDAN MIAMI, FL 33142
--	--



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1863702	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 MONOCANDILOS, JORDAN  
 3201 NW 24TH ST RD  
 MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONODANDILOS, THEODORA 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONODANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ISERN, JORGE E. 8230 S.W. 43RD TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONOCANDILOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000150118  
 05/03/04-80213-009 158.75

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR