


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90021 009 \*\*\*150.00

<b>DOCUMENT # 664239</b>	
1. Entity Name <b>WEST PROPERTIES, INC.</b>	

Principal Place of Business <b>300 S.W. 124TH AVENUE MIAMI FL 33184-1418 US</b>	Mailing Address <b>300 S.W. 124TH AVENUE MIAMI FL 33184</b>
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2. Principal Place of Business <b>361 N.W. 135 AVE.</b> Suite, Apt. #, etc.	3. Mailing Address <b>361 NW 135 Ave</b> Suite, Apt. #, etc.
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33182</b> Country <b>USA</b>	Zip <b>33182</b> Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>RODRIGUEZ, PAUL 300 S.W. 124TH AVE. MIAMI FL 33184</b>	
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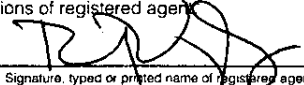
**MOORE CR2E034 (11/03)**

4. FEI Number **59-1977457** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent Name <b>Raul F. Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>361 NW 135 Ave</b> City <b>Miami, FL</b> Zip Code <b>33182</b>	
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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  **Raul Rodriguez** DATE **2/11/04**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PT</b> <input checked="" type="checkbox"/> Delete	NAME <b>RODRIGUEZ, PAUL</b>	TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Raul F. Rodriguez</b>
STREET ADDRESS <b>300 S.W. 124TH AVE.</b>	CITY-ST-ZIP <b>MIAMI FL 33184-1418</b>	STREET ADDRESS <b>361 NW. 135 AVE.</b>	CITY-ST-ZIP <b>Miami, FL. 33182</b>
TITLE <b>S</b> <input type="checkbox"/> Delete	NAME <b>RODRIGUEZ, NIDIA</b>	TITLE	NAME
STREET ADDRESS <b>300 S.W. 124TH AVE.</b>	CITY-ST-ZIP <b>MIAMI FL 33184-1418</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:  **Raul Rodriguez** DATE **2/11/04** DAYTIME PHONE **305-221-7411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR