

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90044 024 ***150.00

DOCUMENT # 665785

1. Entity Name
WESTMOUNT INVESTMENTS CORP.



Principal Place of Business

Mailing Address

~~2700 NORTH 29TH AVE~~
~~#108 16330 MIRASOL WAY~~
~~HOLLYWOOD, FL 33020 US~~
~~DELRAY BEACH, FL 33446~~

~~2700 NORTH 29TH AVE~~
~~#108 16330 MIRASOL WAY~~
~~HOLLYWOOD, FL 33020 US~~
~~DELRAY BEACH, FL 33446~~

DO NOT WRITE IN THIS SPACE

10000000



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1991513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHTER, SAM
2700 NORTH 29TH AVE
HOLLYWOOD, FL 33020
16330 MIRASOL WAY
DELRAY BEACH, FL 33446

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	RICHTER, SAM (S)
STREET ADDRESS	2700 NORTH 29TH AVE #108
CITY-ST-ZIP	HOLLYWOOD, FL 33020 16330 MIRASOL WAY DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2/28/08 (561) 865-3456
SAMI RICHTER Date Daytime Phone #