

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 724250</b> 1. Entity Name <b>WESTCHESTER LUXURY INC.</b>	
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Principal Place of Business <b>C/O TPS MANAGEMENT P.O. BOX 661554 MIAMI SPRINGS FL 33266</b>	Mailing Address <b>C/O TPS MANAGEMENT P.O. BOX 661554 MIAMI SPRINGS FL 33266</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/07)

City & State	City & State	4. FEI Number <b>59-1550133</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_  
Signature types for current and new registered agent and the Corporation. (NOTE: Registered Agent signature must be written in ink.)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	
NAME	DEL CARMEN PEREZ, MARIAL	
STREET ADDRESS	8990 CORAL WAY, APT. 19	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LLORENTE, AURELIO	
STREET ADDRESS	8990 CORAL WAY, APT. 23	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUAU, CARMEN T	
STREET ADDRESS	8990 CORAL WAY APT 217	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

U00000855068  
03/27/08-80032-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 *Maria Perez* *President* *Maria P. Perez* *3/7/08*