


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90241 010 \*\*\*150.00

<b>DOCUMENT # 810891</b> 1. Entity Name WEST SIDE MOTORS INC OF CLEVELAND	
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Principal Place of Business 3825 COTTONWOOD DR. TITUSVILLE, FL 32780	Mailing Address 3825 COTTONWOOD DR TITUSVILLE, FL 32780 US
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**DO NOT WRITE IN THIS SPACE**



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0789855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BOSHARA, DONALD 3825 COTTONWOOD DR TITUSVILLE, FL 32780
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSHARA, DONALD 3825 COTTONWOOD DR TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOSHARA, ROBERT 2618 GLEN HAVEN BLVD HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOSHARA, MARGARET 3825 COTTONWOOD DR TITUSVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Donald Boshara DONALD BOSHARA 1-11-06 321-268-3384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #