FILED
Jul 22, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000715

1. Entity Name
WESTWOODRARECOINGALLERY,INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 31 TAPPAN, NY 10983	P.O. BOX 31 TAPPAN, NY 10983

07152004

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2278513
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

DOMINICK,WILLIAM
6894RAINLILYROAD#203
NAPLES,FL34109

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

In accordance with s.607.193(2)(b), F.S., the corporation did not receive the promotice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOMINICK,WILLIAM
STREET ADDRESS	21QUAILRUN
CITY-ST-ZIP	OLDTARPAN,NJ07675
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/16/04 201-768-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #