

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90034 046 ***150.00

DOCUMENT # F01000004366
 1. Entity Name
WEST UNION HARDWOOD, INC.



Principal Place of Business
**1926 TENTH AVENUE NORTH, SUITE 400
 LAKE WORTH, FL 33461**

Mailing Address
**1926 TENTH AVENUE NORTH, SUITE 400
 LAKE WORTH, FL 33461**

04010000

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01272004 Chg-P CR2E034 (10/03)

4. FEI Number
57-0747544

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

6. Name and Address of Current Registered Agent
**PARRA, OLGA E
 1926 TENTH AVENUE NORTH, SUITE 400
 LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent
 Name **Michael Bernstein**
 Street Address (P.O. Box Number is Not Acceptable)
1926 Tenth Avenue North, Suite 400
 City **Lake Worth** **FL** Zip Code **33461**

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 *Michael Bernstein* 2/26/2004
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BERNSTEIN, MICHAEL 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHAPIRO, HONORA 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SHAPIRO, STEPHEN J 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PARRA, OLGA E 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SESCO, CAROLYN S 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Michael Bernstein* 01/27/2004 561-540-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael Bernstein, President