


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90047 040 ***150.00

DOCUMENT # F01000004366

1. Entity Name
WEST UNION HARDWOOD, INC.



Principal Place of Business Mailing Address

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

00000004

2. Principal Place of Business 3. Mailing Address

625 N. FLAGLER DRIVE **625 N. FLAGLER DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 625 **SUITE 625**



01042005 Chg-P CR2E034 (10/03)

City & State City & State

WEST PALM BEACH, FL **WEST PALM BEACH, FL**

Zip Country Zip Country

33401 **US** **33401** **US**

4. FEI Number Applied For

57-0747544 Not Applicable

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

6. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL
1926 TENTH AVE. N
STE. 400
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
625 N. FLAGLER DRIVE

SUITE 625

City State Zip Code
WEST PALM BEACH **FL** **33401**

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* **MICHAEL BERNSTEIN** 1/18/05
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, 2005 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	D/P BERNSTEIN, MICHAEL 625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAPIRO, STEPHEN J 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHAPIRO, STEPHEN J 625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FL 33401 <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 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	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	T/S SESCO, CAROLYN S. <input checked="" 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
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* **MICHAEL BERNSTEIN** 1/18/05 (561)352-2280
Signature and typed or printed name of signing officer or director Date Daytime Phone #