

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90031 031 ***150.00

DOCUMENT # F03000005389

1. Entity Name

WESTPAC FINANCIAL SERVICES INC.



Principal Place of Business

2101 E. 4TH STREET #195B
SANTA ANA CA 92705

Mailing Address

2101 E. 4TH STREET #195B
SANTA ANA CA 92705

2. Principal Place of Business

15751 Rockfield Blvd #200

3. Mailing Address

Same

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

City & State

IRVINE CA

City & State

Zip

92618

Country

Orange

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

95-4503106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPS ☐ Delete
NAME AGAHI, MONSEF
STREET ADDRESS 2660 N. MERIDIAN
CITY-ST-ZIP ORANGE CA 92867

TITLE VC ☐ Delete
NAME AGAHI, FARBOD
STREET ADDRESS 2660 N. MERIDIAN
CITY-ST-ZIP ORANGE CA 92867

TITLE VP ☐ Delete
NAME GIBSON, STEVE
STREET ADDRESS 42084 THOROUGHbred LANE
CITY-ST-ZIP MARIETA LA 92562

TITLE T ☐ Delete
NAME AGAHI, TERESA
STREET ADDRESS 2660 N. MERIDIAN
CITY-ST-ZIP ORANGE CA 92867

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

949-599-2469

Daytime Phone #