## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 15, 2004 08:00 AM Secretary of State DOCUMENT # F29855 1. Entity Name WAGONS WEST, INC. Principal Place of Business Mailing Address 11311 S. DIXIE HWY. 11311 S. DIXIE HWY. MIAMI, FL 33156 MIAMI, FL 33156 04022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2088764 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUENCH, STEPHAN DO NOT WRITE 7915 SW 126 TERR. MIAMI, FL 33156 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 Signature, typed or printed name of registered agent and titlo if applicable. (NOTE Registered Agent signature required when reinstating) U00000113359 04/15/04-80006-010 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 3173 F NAME MUENCH, STEPHEN 7915 SW 126 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TATE F MUENCH, WALTER NAME 7951 SW 120 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-57-23P TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-51-23P

TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**