


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 050 ***550.00

DOCUMENT # F93000002836

1. Entity Name
WESTMALL REALTY CORP.



Principal Place of Business
C/O MIDWOOD MANAGEMENT CORPORATION
430 PARK AVE, SUITE 505
NEW YORK, NY 10022

Mailing Address
C/O MIDWOOD MANAGEMENT CORPORATION
430 PARK AVE, SUITE 505
NEW YORK, NY 10022

50025801



07282006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1367415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD USDAN, JOHN 430 PARK AVE, SUITE 505 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ISAACS, JED 750 THIRD AVE 9TH FLR NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARKE, ISABELLE 430 PARK AVE, SUITE 505 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 recipient 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: *Alie* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #