

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90069 005 ***150.00

DOCUMENT # G45875

1. Entity Name
NEAR WEST, INC.



Principal Place of Business
**3880 SHERIDAN ST
HOLLYWOOD, FL 33021**

Mailing Address
**3880 SHERIDAN ST
HOLLYWOOD, FL 33021**

20013646



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-4621058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**KASBAR, JOHN A
3880 SHERIDAN ST
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

9. 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 reelecting)

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SDPD
COMPAGNONE, ANTHONY
3880 SHERIDAN ST
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony Compagnone **ANTHONY COMPAGNONE**

954-983-2111
2/17/05