2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G78848

1. Entity Name

WESTALEAH INVESTMENT GROUP, INC.



Principal Place of Business

2721 EXECUTIVE PARK DR.

SUITE 4

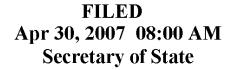
WESTON, FL 33331

Mailing Address

2721 EXECUTIVE PARK DR.

SUITE 4

WESTON, FL 33331





DO NOT WRITE IN THIS SPACE

03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2362986

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

Date

6. Name and Address of Current Registered Agent

ZEQUEIRA, MARCOS A JR 7150 W. 20TH AVE SUITE 412 HIALEAH, FL 33016

SIGNATURE:

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 Signature typed or printed name of registered agent and title if apolicable (NOTE Registered Agent signature required when reinstating) OATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ng 🗆	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DP ZEQUEIRA, MARCOS 7100 W 20TH AVE #806 HIALEAH, FL		U00000745038 05/16/07-80012-022 150.00		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VD PANAGOS, PAUL J 2721 EXECUTIVE PARK DR., STE 4 WESTON, FL 33331				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY+ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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 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.					

NTED NAME OF SIGNING OFFICER OR DIRECTOR