


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # G85787 1. Entity Name WESTLAND MOTORS, R.C.P. INC.	
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Principal Place of Business 3699 NW 79TH ST MIAMI, FL 33147 US	Mailing Address 3699 NW 79TH ST MIAMI, FL 33147 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PITA, RIGOBERTO 3699 NW 79 STREET MIAMI, FL 33147
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06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2370545	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PITA, CARLOS 454 SE 4TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PITA, RIGOBERTO 3699 NW 79 ST MIAMI, FL
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DO NOT WRITE 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)(f), 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:  **06/30/05 305-696-1116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #