


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00
Secretary of State

DOCUMENT # J47188

1. Entity Name
WEST ACRES, INC.



Principal Place of Business 9360 SW 72ND STREET. STE 257 MIAMI, FL 33173 US	Mailing Address 9360 SW 72ND STREET STE 257 MIAMI, FL 33173 US
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DO NOT WRITE IN THIS SPACE



04232007 -- No Chg-P CR2E034 (11/05)

4. FEI Number 59-2756606	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHULTZ, STEVEN A
 25 SE 2ND AVENUE
 1135
 MIAMI, FL 33131**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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	PD BEHRENS, ALFREDO A JR. APARTADO 62 CARACAS, VENEZUELA, VE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS BEHRENS, MARIA E APARTADO 62 CARACAS, VENEZUELA, VE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SCHULTZ, STEVEN A 25 SE 2ND AVENUE, SUITE 1135 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BEHRENS, RICARDO APARTADO 62 CARACAS, VENEZUELA, VE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SOULAVY, CRISTINA APARTADO 62 CARACAS, VENEZUELA, VE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/23/07-80058-006 158.75

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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.

SIGNATURE: *Alfredo Behrens* 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #