2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96365

Title:

Name:

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Entity Nan	ne: WESTWO	OD PLAZA MANAGEMENT,	INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1550 MADF 230	RUGA AVE				
CORAL GA	BLES, FL 331	46 US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1550 MADF 230	RUGA AVE.				
	BLES, FL 331	46 US			
FEI Number:	65-0033483	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MARTIN H SHANE 1550 MADRUGA AVE SUITE 230 CORAL GABLES, FL 33146 US				SHANE, MARTIN H 1550 MADRUGA AVE SUITE 230 CORAL GABLES, FL 33146 US	
The above in the State		ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: MARTIN H SHANE				03/24/2009	
	Electronic	Signature of Registered Ag	ent	Date	
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPD ()[SHANE, MARTIN 9040 SW 51 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () I STEIN, SAUL 145 JEFERSON MIAMI BEACH, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () [LEWIS, EDGAR 1 GROVE ISLE [MIAMI, FL 3313		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARTIN H SHANE Ρ 03/24/2009

() Delete

ROBERTS, PETER A

14930 SW 86 AVE.

MIAMI, FL 33158

() Change () Addition