


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K91014**  
 1. Entry Name  
**WESTRA INDUSTRIES, INC.**



Principal Place of Business 1100 NE 181ST NORTH MIAMI BEACH, FL 33162	Mailing Address 1100 NE 181ST NORTH MIAMI BEACH, FL 33162
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**DO NOT WRITE IN THIS SPACE**



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0128005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WESTRA, PHILLIP J.  
 1100 N.E. 181 ST.  
 N MIAMI BEACH, FL 33162

**DO NOT WRITE IN THIS SPACE**

3. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 WESTRA, PHILLIP J. 1100 NE 181 ST. N MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WESTRA, MARY H. 110 NE 181 ST N MIAMI BEACH, FL 33162
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 03/29/04-80010-013 150.00

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:** *Phillip Westra* **PHILLIP WESTRA**  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *03/29/04* **305-947-6652**  
Date Daytime Phone #