


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90007 022 ***150.00

DOCUMENT # M29486	
1. Entity Name GENWEST, INC.	

Principal Place of Business C/O BSPA, 200 BISCAYNE BLVD SUITE 1000 MIAMI, FL 33131	Mailing Address C/O AIFCO, S.A., BAHAMAS FINANCIAL CENTER 2ND FLOOR, CHARLOTTE ST, PO BOX CB-13026 NASSAU, BAHAMAS, NP
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2. Principal Place of Business C/O Thomas O. Wells, 200 Biscayne Blvd	3. Mailing Address
Suite, Apt. #, etc. Suite 1000	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33131	Country US



02172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2662760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C/O BSPA CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD SUITE 1000 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name BSPA Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Olas Blvd., Suite 1000 City Ft. Lauderdale FL 33301
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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 **Thomas O. Wells, Authorized Agent** DATE **2-20-06**
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CLARK, GRAHAM J BAHAMAS FINANCIAL CTR, 2ND FL CHARLOTTE ST NP, NASSAU, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, GRAHAM J BAHAMAS FINANCIAL CTR, 2ND FL CHARLOTTE ST NP, NASSAU, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMPSON, DANIEL H 315 S. CALHOUN ST, STE 712 TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Chandrice P. Ferguson Bahamas Financial Center, 2nd Floor, Charlotte St. Nassau, Bahamas NP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Thomas O. Wells 200 Biscayne Blvd., Suite 1000 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Jordi Carulla Font Bahamas Financial Center, 2nd Floor, Charlotte St. Nassau, Bahamas NP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Thomas O. Wells** DATE **2-20-06** DAYTIME PHONE # **305 755-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40017552

we deliver creative and effective business solutions and counsel
BERGER SINGERMAN
attorneys at law

Boca Raton Fort Lauderdale Miami Tallahassee

Marci Shaffer
Paralegal
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mshaffer@bergersingerman.com

February 22, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500


Re: Genwest, Inc.
Document # M29486

Ladies and Gentlemen:

Enclosed for filing please find the 2006 Annual Report for the above-referenced corporation. Also enclosed is our firm's check number 69911 in the amount of \$150.00 in payment of the fee.

Sincerely,

BERGER SINGERMAN


Marci Shaffer
Paralegal