

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29486

Entity Name: GENWEST, INC.

FILED  
Jul 06, 2007  
Secretary of State

## Current Principal Place of Business:

C/O THOMAS O WELLS,  
200 BISCAYNE BLVD., SUITE 1000  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

C/O AIFCO, S.A., BAHAMAS FINANCIAL CTR.  
2ND FLR, CHARLOTTE ST, PO BOX CB-13026  
NASSAU, BAHAMAS, NP

## New Mailing Address:

FEI Number: 59-2662760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C/O BSPA CORPORATE SERVICES, INC.  
350 E. LAS OLAS BLVD.  
SUITE 1000  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVT ( ) Delete  
Name: CLARK, GRAHAM J  
Address: BAHAMAS FINANCIAL CTR, 2ND FL CHARLOTTE ST  
City-St-Zip: NP, NASSAU, OC

Title: AV ( ) Delete  
Name: FERGUSON, CHANDRICE P  
Address: 200 BISCAYNE BLVD., STE. 1000  
City-St-Zip: MIAMI, FL 33131

Title: AS ( ) Delete  
Name: WELLS, THOMAS O  
Address: BAHAMAS FINANCIAL CTR, 2ND FL CHARLOTTE ST  
City-St-Zip: NASSAU NP,

Title: DPS ( ) Delete  
Name: FONT, JORDI CARULLA  
Address: BAHAMAS FINANCIAL CENTER 2ND FL CHARLOTT S  
City-St-Zip: NASSAU, BAHAMAS NP,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: WELLS, THOMAS O  
Address: 200 BISCAYNE BLVD., SUITE 1000  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: THOMAS O. WELLS

AS

07/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date