

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29486

Entity Name: GENWEST, INC.

FILED
Mar 31, 2008
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

C/O THOMAS O WELLS,
540 BILTMORE WAY
CORAL GABLES, FL 33134

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:

THOMAS O. WELLS, P.A.
540 BILTMORE WAY
CORAL GABLES, FL 33134 US

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: THOMAS O. WELLS, ESQ.

03/31/2008

Electronic Signature of Registered Agent

Date

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: 200 BISCAYNE BLVD., SUITE 1000
City-St-Zip: MIAMI, FL 33131

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: AV (X) Change () Addition
Name: FERGUSON, CHANDRICE P
Address: 540 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: AS (X) Change () Addition
Name: WELLS, THOMAS O
Address: 540 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

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

03/31/2008

Electronic Signature of Signing Officer or Director

Date