


FILED
Mar 18, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # M62997
 1. Entity Name
 WESTCHESTER GOLF & LAKE ESTATES, INC.



Principal Place of Business % CORPORATION COMPANY OF MIAMI 1355 W. 53RD ST., APT. 320 HIALEAH, FL 33012	Mailing Address % CORPORATION COMPANY OF MIAMI 1355 W. 53RD ST., APT. 320 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0019473	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, EDUARDO
 1340 CORAL WAY
 CORAL GABLES, FL 33134

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 IN THIS SPACE

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 _____ 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, 2005 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	DPT SALAZAR, EDUARDO 1340 CORAL WAY CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALAZAR, MARGARITA 1340 CORAL WAY CORAL WAY, FL 33134
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 03/18/05-80064-010 150.00

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 an other like empowered.

SIGNATURE:  3-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #