

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90041 023 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M72398			
1. Entity Name EAST ON THE WEST SIDE INC.			
Principal Place of Business 1401 SIMONTON ST. KEY WEST, FL 33040		Mailing Address 1401 SIMONTON ST. KEY WEST, FL 33040	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent YOSHIMOTO, MASAFUMI 1100 PACKER STREET KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name: YOSHIMOTO MASAFUMI Street Address (P.O. Box Number is Not Acceptable): 1401 SIMONTON STREET City: Key West FL Zip Code: 33040	
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: <u><i>[Signature]</i></u> DATE: <u>1/27/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOSHIMOTO, MASAFUMI 1100 PACKER ST KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOSHIMOTO, MASAFUMI ☒ Change ☐ Addition 1401 SIMONTON ST Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u><i>[Signature]</i></u> DATE: <u>1/27/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40040878



01262008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0052169

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required