


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90029 035 ****61.25

DOCUMENT # N00000006544 1. Entity Name WESTPORT OFFICE/INDUSTRIAL PARK, INC.					
Principal Place of Business 6925 NW 42ND ST MIAMI, FL 33166			Mailing Address 6925 NW 42ND ST MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0717855	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKRLD, INC 201 ALHAMBRA CIRCLE 11 FLOOR CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORIA, LUIGI		NAME		
STREET ADDRESS	10650 NW 29 TERRACE #1		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33172		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WONG, PHILIP		NAME		
STREET ADDRESS	10430 NW 29 TERR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33172		CITY - ST - ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ-GONZALEZ, CARMEN R		NAME		
STREET ADDRESS	10455 NW 29 TERR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33172		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, RODOLFO		NAME		
STREET ADDRESS	10540 NW 29TH TERR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33172		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINTO, CELIA		NAME		
STREET ADDRESS	10460 N.W. 29TH TERR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33172		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DS. Gonzalez, Daniel 10455 NW 29 Terrace MIAMI, FL 33172	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/4/08 Daytime Phone # _____		

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Applied For
Not Applicable