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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Marile Address Spain Apil # one Spain Apil # o	DOCUI 1. Entity Name WESTVIE INC.	SECRETARY OF STATE DIVISION OF CORPORATIONS O4 JUL 21 AM 8:00										
Suite. April 6 alc: Suite. April 6 alc:	9774 NW 15	TH STREET		1010 FIII 210 1 BIO								
Coy & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Destination S. Destination S. Destination S. Destination S. Destination S. Destination See Address of New Rightstand Agent Agent Amme And Address of New Rightstand Agent The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portice. I am familiar with accept the portice of registered agent, or both, in the State of Portice. I am familiar with and accept the	2. Principal Pl	lace of Business	3. Mail	. Mailing Address								
Section Sect	Suite, Apt. #, etc.							<u> </u>	ng-NP	CR2E037	· ' /	IKL
S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. The above named drifty submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 8. The above named drifty submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 8. The above named drifty submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. St.00 May Be Frontage Reportment of State 11. Address Frontage Reportment of State 11. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 10. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 11. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 12. PERMEROKE PINES, FL. 33024 13. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 14. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 15. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 16. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 17. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 18. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 18. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 19. PERMEROKES PINES, FL. 33024 10. STATE ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS III. 19. PERMEROKES PINES, FL. 33024 10. STATE ADDITIONS/GRANGES PINES, FL. 33024								59-2377061 Not Applied				Applicable
CABEZA, MARILYN 1472 KW 97TH TERRACE PEMBROKE PINES, FL 33024 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligation of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligation of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligation of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligation of registered agent, or both, in the State of Foricle. I am familiar with, and accept the obligation of registered agent, or both, in the State of Foricle. I am familiar with, and accept the purpose of Position	Zip 						Fee Required					
CABEZA, MARILYN Interest Address (P.O. Box Number is Not Acceptable) Sirest Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above served entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I tent fermiser with, and accept the obligations of registered agent. SIGNATURE: Filling Fee is \$41.25 Due by September 6, 2004 9. Election Campaign Financing Trust Fund Contribution NAME FRONCZAK, WANDAF Trust Fund Contribution Interest Address (P.O. Box Number is Not Acceptable) Photos check perysible to Profess And Directions in 19 Interest Address (P.O. Box Number is Not Acceptable) PART Trust Fund Contribution Interest Address (P.O. Box Number is Not Acceptable) PART Trust Fund Contribution Interest Address (P.O. Box Number is Not Acceptable) Photos check perysible to Profess And Directions in 19 Interest Address (P.O. Box Number is Not Acceptable) Photos check perysible to Profess And Directions in 19 Interest Address (P.O. Box Number is Not Acceptable) Photos check perysible to Profess And Directions in 19 Interest Address (P.O. Box Number is Not Acceptable) Interest Address (P.O. Box Number is Not Acceptable) Photos check perysible to Profess And Directions in 19 Interest Address (P.O. Box Number is Not Acceptable) Interest Acceptable (P.O. Box Number is Not Acceptable) Inter	·		Name		7. Name and Add	ress of New R	egistered Age	<u> </u>				
B. The above remed 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 obligatore of registered agent. SIGNATURE SUBMATURE	1472 NW 97TH TERRACE						ddress (I	(P.O. Box Number is Not Acceptable)				
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MAME STREET ADDRESS CITY-ST-ZIP FEMBROKE PINES, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 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 eccurate 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 attachyrical with an address, with all other like empowered. SIGNATURE: **CLINE, ELLIOTT** STREET ADDRESS CITY-ST-ZIP **CHANGE** **CHAPT** **CHANGE** **STREET ADDRESS CITY-ST-ZIP **CHANGE** **CHAPT** **CHANGE** **STREET ADDRESS CITY-ST-ZIP **CHANGE** **CHANGE** **CHANGE** **CHANGE** **CHANGE** **STREET ADDRESS CITY-ST-ZIP **CHANGE** **CHA	STREET ADDRESS	1464 NW 97 TERR			STR	EET ADDRESS						
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STREET ADDRESS CITY-ST-ZIP 12. 1 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachariest with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE:				☐ Delete]			Ε	Change	☐ Addition
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Secretary