2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002732

Entity Name: WESTLAKE PREPARATORY SCHOOL, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2851 STIRLING ROAD DANIA BEACH, FL 33312				4188 S. UNIVERSITY DRIVE DAVIE, FL 33328			
Current Mailing Address:				New Mailing Address:			
C/O 1930 TYLER ST HOLLYWOOD, FL 33020				4188 S. UNIVERSITY DRIVE DAVIE, FL 33328			
FEI Number:	81-0605213	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ())
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WESTLAK C/O 1930 T		TORY SCHOOL, INC.					
The above in the State		submits this statement for the purp	ose of	f changing its	s registered o	office or registered agent, or b	oth,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND DIREC	TORS:
Title: Name: Address: City-St-Zip:	D (JAIN, MAJOY 9528 NW 928 PLANTATION			Title: Name: Address: City-St-Zip:	D (X SAMAREL, RO 12991 BLUE LA WELLINGTON,	AKE DRIVE	
Title: Name: Address: City-St-Zip:	D (KIRBY, DONN 1125 YALE D HOLLYWOOD	R.		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	FAGA, SERA 3613 CORAL) Delete MR. SPRINGS DR. NGS, FL 33065		Title: Name: Address: City-St-Zip:	D (X FAGA, CAROL 3613 CORAL S CORAL SPRIN	PRINGS DR.	
Title: Name: Address: City-St-Zip:	ROBERT, ED 13355 SW 16			Title: Name: Address: City-St-Zip:	D (X GIL, SHIRLEY 4909 NW 92 AV SUNRISE, FL	VENUE	
Title: Name: Address: City-St-Zip:	D (POTO, ARMA 2271 DORAD DAVIE, FL 33	O AVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (VOLKMAN, JA 1930 TYLER HOLLYWOOD	STREET		Title: Name: Address: City-St-Zip:	()) Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SAMAREL D 04/25/2005