

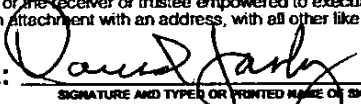


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90072 044 ****61.25

DOCUMENT # N95000000519 1. Entity Name 9900 WEST CORPORATION, INC.					
Principal Place of Business 9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154			Mailing Address 9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01052006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0666676 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SANTANA, FRANCIS X 28 WEST FLAGLER ST. SUITE 500 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D LEGRAND, YATHA 9900 W BAYHARBOR DR., APT 6 BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ANNIE 9900 WEST BAY HARBOR DRIVE APT 3 BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LASKY, DAVID 9900 WEST BAY HARBOR DRIVE APT 1 BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, JEFFREY C 9900 WEST BAY HARBOR DRIVE APT 2 BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTELA, JOSEPH 9900 WEST BAY HARBOR DRIVE APT 4 BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, FRANCIS X 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DAVID LASKY 01/05/06 (305) 964-9866 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					