2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N95000000519

1. Entity Name
9900 WEST CORPORATION, INC.

Principal Place of Business	Mailing Address
9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154	9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154

02102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0666676
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEGRAND, YATHA
STREET ADDRESS	9900 W BAYHARBOR DR., APT 6
CITY-ST-ZIP	BAY HARBOUR ISLANDS, FL 33154
TITLE	D
NAME	RODRIGUEZ, ANNIE
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 3
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	PD
NAME	LASKY, DAVID
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 1
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	DT
NAME	TURNER, JEFFREY C
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 2
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	VPD
NAME	PORTELA, JOSEPH
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 4
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	D
NAME	SANTANA, FRANCIS X
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 5
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154

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03/18/08-80033-011 61.25

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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 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 - PRESIDENT 02/28/08 305-864-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #