

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000519

FILED
Feb 27, 2009
Secretary of State

Entity Name: 9900 WEST CORPORATION, INC.

Current Principal Place of Business:

9900 WEST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL 33154

New Principal Place of Business:

Current Mailing Address:

9900 WEST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL 33154

New Mailing Address:

FEI Number: 65-0666676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTANA, FRANCIS X
28 WEST FLAGLER ST.
SUITE 500
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEGRAND, YATHA
Address: 9900 W BAYHARBOR DR., APT 6
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154

Title: D () Delete
Name: RODRIGUEZ, ANNIE
Address: 9900 WEST BAY HARBOR DRIVE APT 3
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: PD () Delete
Name: LASKY, DAVID
Address: 9900 WEST BAY HARBOR DRIVE APT 1
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: DT () Delete
Name: TURNER, JEFFREY C
Address: 9900 WEST BAY HARBOR DRIVE APT 2
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: VPD () Delete
Name: PORTELA, JOSEPH
Address: 9900 WEST BAY HARBOR DRIVE APT 4
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: D () Delete
Name: SANTANA, FRANCIS X
Address: 9900 WEST BAY HARBOR DRIVE APT 5
City-St-Zip: BAY HARBOR ISLAND, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEGRAND, YATHA
Address: 9900 W BAY HARBOR DR., APT 6
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID LASKY

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date