

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/10

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90468 042 \*\*\*150.00

66426491



03022004 Chg-P. CR2E034 (10/03)

4. FEI Number **651048592** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # **P00000094176**  
 1. Entity Name **West Dixie Relax and Club**



Principal Place of Business **14908 West Dixie Highway**  
**Miami, FL 33181**

2. Principal Place of Business **Same as above**  
 Suite, Apt. #, etc.

3. Mailing Address **same as above**  
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent  
**ARY MOISE**  
**5910 NE 6th**  
**Miami, FL 33137**

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 *[Signature]* DATE **4/29/04**

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D. President</b> <b>ARY MOISE</b> <b>5910 NE 6th, Miami FL 33137</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>Amber Forty</b> <b>14908 W Dixie Highway, Miami FL 33181</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev

12. I 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/29/04**