


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90225 047 ***150.00

DOCUMENT # P00000098769	
1. Entity Name WEST SIDE MOTOR COMPANY, INC.	

Principal Place of Business 201 WEST STATE RD 84 FORT LAUDERDALE, FL 33315	Mailing Address 201 WEST STATE RD 84 FORT LAUDERDALE, FL 33315
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2. Principal Place of Business - No P.O. Box # 829 NE 1ST AVE	3. Mailing Address 829 NE 1ST AVE
Suite, Apt. #, etc. BAY #1	Suite, Apt. #, etc. BAY #1
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33304	Country USA

00043004



04192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1094541	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PETRILLO, JOSEPH 10960 SW 40TH CT DAVIE, FL 33328	7. Name and Address of New Registered Agent Name: ANTHONY PETRILLO Street Address (P.O. Box Number is Not Acceptable) 10960 SW 40th CT City: DAVIE FL Zip Code: 33328
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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: <i>Anthony Petrillo</i> DATE: 4-24-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRILLO, ANTHONY 826 NE 1ST AVE FT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETRILLO, JOSEPH 826 NE 1ST AVE FT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 607, 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: <i>Anthony Petrillo</i>	DATE: 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #