


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90053 033 \*\*\*150.00

<b>DOCUMENT # P00000109661</b> 1. Entity Name <b>EXECUTIVE WESTON OFFICES INC.</b>																											
Principal Place of Business <b>2201 N. COMMERCE PKWY WESTON, FL 33326</b>		Mailing Address <b>701 TULIP CIRCLE WESTON, FL 33327</b>																									
2. Principal Place of Business - No P.O. Box # <b>2201 N. Commerce Pkwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>2201 N. Commerce Pkwy</b> Suite, Apt. #, etc.																									
City & State <b>Weston, FL</b>		City & State <b>Weston, FL</b>																									
Zip <b>33326</b>	Country <b>USA</b>	Zip <b>33326</b>	Country <b>USA</b>																								
4. FEI Number <b>65-1073286</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>TACHER, DAVID 1041 NW 125 AVE SUNRISE, FL 33326</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>Elsa del Valle - President</b> DATE <b>1-25-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEL VALLE, ELSA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>701 TULIP CIRCLE</del></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>WESTON, FL 33327</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DEL VALLE, ELSA		STREET ADDRESS	<del>701 TULIP CIRCLE</del>		CITY- ST- ZIP	WESTON, FL 33327		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">2201 N. Commerce Pkwy</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Weston, FL 33326</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	2201 N. Commerce Pkwy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Weston, FL 33326		STREET ADDRESS			CITY- ST- ZIP		
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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 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: <b>Elsa del Valle - President.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-25-07 954-659-8901</b> <small>Date Daytime Phone #</small>																									