


FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90043 006 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000109661			
1. Entity Name EXECUTIVE WESTON OFFICES INC.			
Principal Place of Business 2201 N. COMMERCE PKWY WESTON, FL 33326		Mailing Address 2201 N. COMMERCE PKWY WESTON X, FL 33326	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 14516 Nordhoff ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Panorama City, CA	
Zip	Country	Zip	Country
		91402	USA
4. FEI Number 65-1073286		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TACHER, DAVID 1041 NW 125 AVE SUNRISE, FL 33326		7. Name and Address of New Registered Agent Name Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue Suite 125 City Coral Gables FL Zip Code 33146	
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. Atrium Registered Agents, Inc. SIGNATURE: <u>Robert A. Stamen, VP</u> By: Robert A. Stamen, VP <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL VALLE, ELSA 2201 N. COMMERCE PKWY WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Del Valle, Elsa 14516 Nordhoff St. Panorama City, CA 91402 <input checked="" 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	VP/S/D Bernal, Andres 14516 Nordhoff St. Panorama City, CA 91402 <input type="checkbox"/> Change <input checked="" 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
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 filers empowered.			
SIGNATURE: <u>Woei Benny</u>		1/8/08 818 891-0876	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	