

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 006 ***158.75

40009795



DOCUMENT # P01000015677

1. Entity Name
 5425 WEST, INC.



Principal Place of Business
 5425 W ATLANTIC BLVD
 MARGATE, FL 33063

Mailing Address
 5425 W ATLANTIC BLVD
 MARGATE, FL 33063

2. Principal Place of Business
5425 W Atlantic Blvd

3. Mailing Address
5425 W Atlantic Blvd

Suite, Apt. #, etc.

City & State
Margate FL

City & State
Margate, FL

Zip
33063

Country
US

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-1076740

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PRICE, DAVID B CPA PA
 6971 N. FEDERAL HIGHWAY, SUITE 403
 BOCA RATON, FL 33487

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>President / Director</i>
STREET ADDRESS		STREET ADDRESS	<i>845 W. E. 72nd Street</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Boca Raton, FL 33487</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Secretary / Treasurer</i>
STREET ADDRESS		STREET ADDRESS	<i>1126 Rialto Drive</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Boca Raton Beach, FL 33436</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: *1/27/2005* DAYTIME PHONE #: *561-687-2122*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR