


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-19-2004 90009 030 \*\*\*158.75

**DOCUMENT # P01000115809**

1. Entity Name  
**WESTGEN, INC.**



Principal Place of Business  
**6330 MANOR LN STE 200  
 S MIAMI, FL 33143**

Mailing Address  
**6330 MANOR LN STE 200  
 S MIAMI, FL 33143**

**66404369**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02172004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-1157358**

Applied For  
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMAN, PEDRO P. SAN  
 6330 MANOR LN STE 200  
 S MIAMI, FL 33143**

Name **Pedro P. San Roman**

Street Address (P.O. Box Number is Not Acceptable)  
**6330 MANOR LANE SUITE 200**

City **SOUTH MIAMI** FL Zip Code **33143**

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 *Pedro P. San Roman* DATE **2/17/04**

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, 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 11

TITLE PD  Delete

NAME **RAMON, PEDRO P. SAN**

STREET ADDRESS **6330 MANOR LN STE 200**

CITY-ST-ZIP **S MIAMI, FL 33143**

TITLE PD  Change  Addition

NAME **San Roman, Pedro P.**

STREET ADDRESS **6330 Manor Lane**

CITY-ST-ZIP **SOUTH MIAMI, FL 33143**

TITLE DV  Delete

NAME **FRIGULS, ANTONIO E**

STREET ADDRESS **6330 MANOR LN STE 200**

CITY-ST-ZIP **S MIAMI, FL 33143**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

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 *Pedro P. San Roman* DATE **2/17/04** DAYTIME PHONE # **305 467-3271**

Signature and typed or printed name of signing officer or director