


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90181 016 \*\*\*150.00

<b>DOCUMENT # P02000012013</b>					
<b>1. Entity Name</b> WESTPORT STRATEGIC PARTNERS, INC.					
<b>Principal Place of Business</b> 800 W. CYPRESS CREEK RD. SUITE 465 FT. LAUDERDALE, FL 33309 US			<b>Mailing Address</b> 800 W. CYPRESS CREEK RD. SUITE 465 FT. LAUDERDALE, FL 33309 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 02-0542325	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEGEL, LARRY P 800 W. CYPRESS CREEK RD. SUITE 470 FT. LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name LEGEL, LARRY P Street Address (P.O. Box Number is Not Acceptable)  800 W. CYPRESS CREEK RD., SUITE 465 City FT. LAUDERDALE, FL Zip Code 33309		
<b>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.</b>					
SIGNATURE: <u>Larry Legel</u> <span style="float: right;">4.29.8</span> <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, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGEL, LARRY 800 W. CYPRESS CREEK RD., SUITE 470 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFINA, JOSEPH 9 FIESTA WAY FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			SIGNATURE: <u>Larry Legel</u> <u>LARRY LEGEL DIR</u> <u>4.29.8</u> <u>954 493 8900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		