



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000026902		
1. Entity Name WEST FIRMAN INC.		
Principal Place of Business 6372 GATEWAY AVENUE SARASOTA, FL 34231		Mailing Address 6372 GATEWAY AVENUE SARASOTA, FL 34231
DO NOT WRITE IN THIS SPACE		
		 04042007 No Chg-P CR2E034 (11/05)
		4. FEI Number 04-3671678
		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		
GARCIA, LOUIS D 13446 S.W. 62 STREET MIAMI, FL		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURDETT, REGINA D.F 6372 GATEWAY AVE SARASOTA, FL 34231	
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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: <u>Regina Burdett</u> REGINA BURDETT 4/4/07 941-400-0046 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		