


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90083 028 ***150.00

DOCUMENT # P02000043984	
1. Entity Name TREASURE COAST WEST, INC.	

Principal Place of Business 7701 N.W. 62ND WAY PARKLAND, FL 33067	Mailing Address 7701 N.W. 62ND WAY PARKLAND, FL 33067
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DO NOT WRITE IN THIS SPACE

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number **020596155** Applied For
~~01-0675240~~ Not Applicable

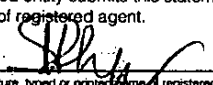
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAQUE, ARIFUL
7701 N.W. 62ND WAY
PARKLAND, FL 33067**

**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:  (NOTE: Registered Agent signature required when reinstating) DATE: **4-10-06**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HAQUE, ARIFUL
STREET ADDRESS	7701 N.W. 62ND WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	DVP
NAME	MANNAN, MOHAMMED A
STREET ADDRESS	712 CAROLINE STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	T
NAME	ARIF, KHADIJA A.D.
STREET ADDRESS	7701 N.W. 62ND WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D.P.S
NAME	MANNAN, MOHAMMED
STREET ADDRESS	712 CAROLINE ST
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	DVP
NAME	ARIF, KHADIJA A.D.
STREET ADDRESS	7701 NW 62 WAY
CITY-ST-ZIP	PARKLAND FL 33067
TITLE	T
NAME	ARIFUL HAQUE
STREET ADDRESS	7701 NW 62 WAY
CITY-ST-ZIP	PARKLAND FL 33067

**DO NOT WRITE
IN THIS SPACE**

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:  **ARIFUL HAQUE** **TREASURER** **04-10-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #