2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90170 010 ***158.75

DOCUMENT # P02000050374 1. Entity Name WESTON COMMONS, INC.							04-28-2005	90170 010) ***158	.75	
Principal Place 150 E. RALM SUITE 401 BOCA RATON	ETTO PARK ROAD	Mailing Address 150 E. PALMETTO PARK ROAD SUITE 401 BOCA RATON, FL 33432									
2. Principal Place of Business 3. Mailing Address											
PLEASE NOTE OUR NEW ADDRESS:						1 (88)(88) (0 8	Etia Itali Eliti mairi aari	ii maini m ilit amini		BBI (I 1841	
Suite, Apt. #, etc. Suite, Apt. #, etc.					-	04242005	Chg-P	CR2E034	(10/03)		
City & State	PARKIROAD	siROAD			4. FEI Number				olied For		
Zip	SUITE 410 ROCCOUNTY TON IT 102 Pp. Cou			02-0629978 Not Applicable							
ZIP	BOCK RATON, PL 33432			5. Certificate of Status Desired \$8.75 Additional Fee Required							
6. Name and Address of Gurrent Registered Agent					7. Name and Address of New Registered Agent						
SIMIGRAN, KENNETH H					Name PLEASE NOTE OUR NEW ADDRESS:						
150 E. PALMETTO PARK ROAD				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 401 BOCA RATON, FL 33432				120 E. PALMETTO PARK ROAD SUITE 410							
				City BOCA RATON, FL 33432 FL Zip Code							
8. The above	named entity submits this statement for t	he purpose of changing its	registere						miliar with, a	end accept	
the obligations of registered agent SIGNATURE Signature send or printed name of registered agent and bits of applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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 D		11.				CHANGES TO OFF		IRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-Z!P	P SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD #40 BOCA RATON, FL 33432	□ Delete		T ADDDECC		_	E OUR NE TO PARK		AESS:	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E	UITE SOCA 561) 3	-	FL 33432	1	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						İ	Change	☐ Addition	
12. I hereby of indicated of the cor	Learning that the information supplied with to on this report or supplemental report is to poration or the receiver or this tee empoyers.	his filing does not qualify for			ted in Sect ave the sa	tion 119.07(3)(i ime legal effect Florida Statute), Florida Statutes. t as if made under	I further certif	y that the in	formation or director Block 11 if	

with an address, with all other like empowered.

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date