

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90223 037 ***158.75

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1. Entity Name
UOD WEST HOLDING, INC.



Principal Place of Business 701 BRICKELL AVENUE SUITE 2030 MIAMI, FL 33131 US	Mailing Address 701 BRICKELL AVENUE SUITE 2030 MIAMI, FL 33131 US
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50016438



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03152006 Chg-P CR2E034 (11/05)

4. FEI Number **37-1462975** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOURDAN, ALLWYN
701 BRICKELL AVENUE
SUITE 2030
MIAMI, FL FL**

7. Name and Address of New Registered Agent

Name **Jonathan J. Lichtman, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
120 E. Palmetto Park Road
Suite 100
City **Boca Raton** **FL** Zip Code **33432**

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 *[Signature]* **Jonathan J. Lichtman, President** **3/15/06**
(NOTE: Registered Agent signature required when reinstating) DATE

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 **DP** ☐ Delete
NAME **HERNANDEZ, GUSTAVO**
STREET ADDRESS **701 BRICKELL AVENUE SUITE 2030**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **CFO** ☐ Delete
NAME **DALMOLIN, JUSTIN**
STREET ADDRESS **701 BRICKELL AVENUE SUITE 2030**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **Justin Dalmolin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

(305) 357-5576
Daytime Phone #