## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2008 8:00 am Secretary of State DOCUMENT # P02000056490 05-02-2008 90297 001 \*\*\*300.00 1. Entity Name UOD WEST HOLDING, INC. Principal Place of Business Mailing Address 701 BRICKELL AVENUE 66009507 701 BRICKELL AVENUE **SUITE 2030 SUITE 2030** MIAMI, FL 33131 US MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 37-1462975 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 7. Name and Address of New Registered Agent *5*. 6. Name and Address of Current Registered Agent Name World Corporate Services, Inc. LICHTMAN, JONATHAN'U P.A. 20283 STATE RD. 7 Street Address (R.O. Box Number is Not Acceptable) Suite 703 SUITE 300 BOCA RATON, FL 33498 City Miami FL Zin 39133 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. Timothy D. Richards / President 4/30/08 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP MGR TITLE TITLE ☐ Delete ☐ Change X Addition Vilchez, Carlos 701 Brickell Avenue, Suite 2030 HERNANDEZ, GUSTAVO NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE SUITE 2030 Miami, FL 33131 CITY-ST-7IP CITY-ST-7IP MIAMI, FL 33131 TITLE CFO Delete TITLE ☐ Change ☐ Addition NAME DALMOLIN, JUSTIN STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE SUITE 2030 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 1. The proof of the corporation of 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. 2. The proof of the corporation of 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. 2. The proof of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on the support of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of th SIGNATURE:

Date

Daytime Phone #

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