

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90053 020 ***150.00

DOCUMENT # P02000110630					
1. Entity Name 65 WEST CORP.					
Principal Place of Business 1266 SW 125 CT MIAMI, FL 33184			Mailing Address 1266 SW 125 CT MIAMI, FL 33184		
2. Principal Place of Business 4243 N.W. 107 AVE		3. Mailing Address 4243 N.W. 107 AVE			
Suite, Apt. #, etc. # 131		Suite, Apt. #, etc. # 131		01152004 Chg-P CR2E034 (10/03)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 01-0747271	
Zip 33178		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGALLO, LISBETH 1266 SW 125 CT MIAMI, FL 33184			7. Name and Address of New Registered Agent Name ELOY ALBARRAN Street Address (P.O. Box Number is Not Acceptable) 6773 NW. 109 AVE. City MIAMI FL Zip Code 33178		
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 ELOY ALBARRAN D.P. DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBARRAN, ELOY 1266 SW 125 CT MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALBARRAN, ELOY 4243 NW. 107 AVE. # 131 MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGALLO, LISBETH 1266 SW 125 CT MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. ALBARRAN, DARIO 4243 NW. 107 AVE # 131 MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Date _____ Daytime Phone # _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					