2004 FOR PROFIT CORPORATION

4/30/2

FILED Jun 18, 2004 8:00 am Secretary of State

DOCUMENT # P03000000424 1. Endry Name WEST ACQUISITIONS & INVESTMENTS GROUP, INC. Principal Place of Business 1. Mailing Address 1. Mailing Add		ANNUAL	REPURI			4/30/2	Sacra	tary of	Stata
DOOW MEANE ROAD STE 319 POMPAND BEACH, FL 33069 2. Principal Place of Business Suits, Apt. #, etc. Suits,	1. Entity Name						-		
Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. O6032004 Chg. P CR2E034 (10/05) City & State City & State A. FEI Number_H_JD_T_4H_J Applied For Not Applicable	1000 W MCNAB ROAD STE 319 1000 W MCNAB ROAD STE				i		44 5- 4	.	
City & State Ci	Principal Place of Business 3. Mailing Address				:				
Zip Country Zip Country S. Certificate of Status Desired Status Desired S. S. Additional Fee Requirement S. Name and Address of Current Registered Agent T. Name and Address of Status Desired Agent T. Name and Address of New Registered Agent T. Name and Name a	Suite, Apt. #, etc.					06032004	Chg-P	CR2E034 (10/03)	
S. Certificate of Status Desired Fee Proposition Fee Propositi	City & State		City & State			4. FEI Numbe	74-30 7	<i> </i>	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City FL Zip Code 6. The above named entry submits this subtament for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. SIGNATURE Signature Type of poting in the state of process of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. SIGNATURE Signature types of poting in the state of implication agent and the it applicable. PILE NOW!!! FEE IS \$55.00 Mp. 9	Zip	Zip Country Zip		Country		<u> </u>		Fee Require	
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MIAMI, FL 33145 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent. SIGNATURE Supreme types or primate review of inplatered agent and the 4 applicable (NOTE Registered Agent separative necular deliver received when releaseing) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Priess Date by September 8, 2004 Trust Fund Contribution. Added to Priess Date Change Addition Addition Addition DOWNERS DOWNERS					-Street Address (P.O. Box Number is Not Acceptable)				
6. 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				 -					
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STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental code is the standard and that the information indicated on this report of supplemental code is the standard and that the information is provided and the standard and the	NAME STREET ADDRESS CITY-ST-ZEP	artifu that the information equality of		NAME STREET ADDI CITY-ST-ZIP	<u>·</u>	otion 410 07/8V) Florido Santas I		

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 export is part 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 trusted ambewered 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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr 111/30001

Daytime Phone #