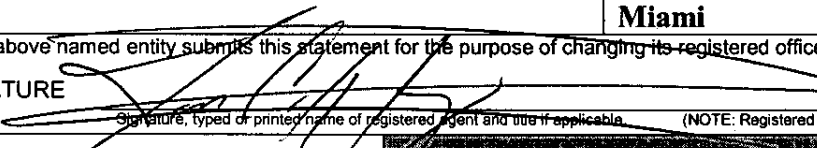
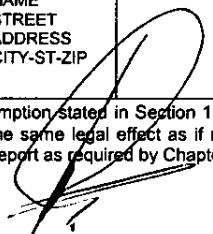


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90240 001 \*\*\*600.00

|   |   |                      |  |                                       |  |
|---|---|----------------------|--|---------------------------------------|--|
| <b>DOCUMENT # P03000026785</b>  |   |                      |  |                                       |  |
| 1. Entity Name<br><b>WEST GROUP INVESTMENT CORP.</b>  |   |                      |  |                                       |  |
| Principal Place of Business<br><b>c/o Jose A. Rodriguez, Esq.</b>   |   |                      | Mailing Address<br><b>c/o Jose A. Rodriguez, Esq.</b>  |                                       |  |
| 2. Principal Place of Business<br><b>100 SE 2<sup>nd</sup> Street</b>   |   |                      | 3. Mailing Address<br><b>100 SE 2<sup>nd</sup> Street</b>  |                                       |  |
| Suite, Apt. #, etc.<br><b>Suite 2900</b>  |   |                      | Suite, Apt. #, etc.<br><b>Suite 2900</b>   |                                       |  |
| City & State<br><b>Miami, FL</b>  |   |                      | City & State<br><b>Miami, FL</b>   |                                       |  |
| Zip<br><b>33131</b>   |   | Country<br><b>US</b> |  | 4. FEI Number<br><b>76-0726458</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                      |  | Applied For<br>Not Applicable         |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                      |  | <b>\$5.00</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |   |                      | 7. Name and address of New Registered Agent  |                                       |  |
|   |   |                      | Name<br><b>Jose A. Rodriguez, Esq.</b>   |                                       |  |
|   |   |                      | Street Address (P.O. Box Number is Not Acceptable)<br><b>100 S.E. Second Street</b>  |                                       |  |
|   |   |                      | <b>Suite 2900</b>  |                                       |  |
|   |   |                      | City<br><b>Miami</b> <span style="float:right">FL Zip<br/><b>33131</b></span>  |                                       |  |
| 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.   |   |                      |  |                                       |  |
| SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE <b>3/31/05</b>   |   |                      |  |                                       |  |
| FEE IS \$150.00<br>DUE BY MAY 1, 2005   |   |                      |  |                                       |  |
| Make Check Payable to<br>Florida Department of State  |   |                      |  |                                       |  |
| 9. MANAGING MEMBERS/ MEMBERS  |   |                      |  |                                       |  |
| TITLE<br>NAME<br>STREET<br>ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>Garfunkel, Diego M</b><br><b>150 Alhambra Circle, Suite 1270</b><br><b>Coral Gables, FL 33134</b> <input type="checkbox"/> Delete    |                      | 10. ADDITIONS/ CHANGES   |                                       |  |
| TITLE<br>NAME<br>STREET<br>ADDRESS<br>CITY-ST-ZIP   | <b>SD</b><br><b>Garfunkel, Alejandra</b><br><b>150 Alhambra Circle, Suite 1270</b><br><b>Coral Gables, FL 33134</b> <input type="checkbox"/> Delete |                      | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Garfunkel, Diego M</b><br><b>100 SE 2<sup>nd</sup> Street, Suite 2900</b><br><b>Miami, FL 33131</b>    |                                       |  |
| TITLE<br>NAME<br>STREET<br>ADDRESS<br>CITY-ST-ZIP   | <b>VPD</b><br><b>Garfunkel, Rafael</b><br><b>150 Alhambra Circle, Suite 1270</b><br><b>Coral Gables, FL 33134</b> <input type="checkbox"/> Delete   |                      | <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Garfunkel, Alejandra</b><br><b>100 SE 2<sup>nd</sup> Street, Suite 2900</b><br><b>Miami, FL 33131</b> |                                       |  |
| TITLE<br>NAME<br>STREET<br>ADDRESS<br>CITY-ST-ZIP   |   |                      | <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Garfunkel, Rafael</b><br><b>100 SE 2<sup>nd</sup> Street, Suite 2900</b><br><b>Miami, FL 33131</b>   |                                       |  |
| TITLE<br>NAME<br>STREET<br>ADDRESS<br>CITY-ST-ZIP   |   |                      |  |                                       |  |
| TITLE<br>NAME<br>STREET<br>ADDRESS<br>CITY-ST-ZIP   |   |                      |  |                                       |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |                      |  |                                       |  |
| SIGNATURE  <span style="float:right">3.31.05 305 423 3426</span>  |   |                      |  |                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  |   |                      |  |                                       |  |