

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055604

Entity Name: WEST ISLANDS INC.

FILED
Jul 11, 2004
Secretary of State

Current Principal Place of Business:

% RINA S. AIKENS
457 SW BRIDGEPORT DRIVE
PORT ST. LUCIE, FL 34953

Current Mailing Address:

% RINA S. AIKENS
457 SW BRIDGEPORT DRIVE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

% RINA S. AIKENS
354 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34984

New Mailing Address:

% RINA S. AIKENS
354 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34984

FEI Number: 20-0160878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIKENS, RINA S
457 SW BRIDGEPORT DRIVE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AIKENS, RINA
Address: 457 SW BRIDGEPORT DR.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP () Delete
Name: ABSALOM, KENMORE
Address: 457 SW BRIDGEPORT DR.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S () Delete
Name: LESALDO, DAWNMARIE
Address: 457 SW BRIDGEPORT DR.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/VP (X) Change () Addition
Name: LESALDO, DAWNMARIE A
Address: 422 SW TULIP BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RINA AIKENS

P

07/11/2004

Electronic Signature of Signing Officer or Director

Date