

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

DOCUMENT# P03000055604

Entity Name: WEST ISLANDS INC.

**FILED**  
**Oct 17, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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

## **New Principal Place of Business:**

CAROL BHIM & PAMELA BHIM  
354 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34984

## **New Mailing Address:**

CAROL BHIM & PAMELA BHIM  
354 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34984

FEI Number: 26-2925147

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:**

BHIM, PAMELA  
354 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34984 US

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: PAMELA BHIM

10/17/2008

Electronic Signature of Registered Agent

Date

## **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: SVP ( ) Delete  
Name: LESALDO, DAWNMARIE A  
Address: 422 SW TULIP BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34953

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BHIM, CAROL  
Address: 354 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VP (X) Change ( ) Addition  
Name: BHIM, PAMELA  
Address: 354 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S (X) Change ( ) Addition  
Name: BHIM, AMANDA  
Address: 354 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAMELA BHIM

VP

10/17/2008

Electronic Signature of Signing Officer or Director

Date