

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


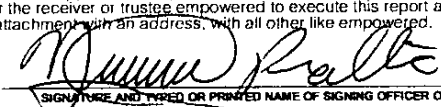
che # 1561

5/19/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 PM 1:31



DOCUMENT # P03000091261			
1. Entity Name WESTON ADVANCE INC.			
Principal Place of Business 411 SW 169 TERR WESTON, FL 33326		Mailing Address 411 SW 169 TERR WESTON, FL 33326	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 55 Weston Road # 311		Suite, Apt. #, etc. 55 Weston Road # 311	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33326	Country	Zip 33326	Country
6. Name and Address of Current Registered Agent PERALTA, NELSON E 411 SW 169 TERR WESTON, FL 33326		7. Name and Address of New Registered Agent Name Nelson E Peralta Street Address (P.O. Box Number is Not Acceptable) 55 Weston Road # 311 City Fort Lauderdale FL Zip Code 33326	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <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 PERALTA, NELSON E 411 SW 169 TERR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peralta, Nelson E 55 Weston Road # 311 Fort Lauderdale, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERALTA, SILVIA 411 SW 169 TERR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Peralta Sylvia 55 Weston Road # 311 Fort Lauderdale, FL 33326 <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	900130679229 06/03/08--01023--004 **\$61.25 <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	BS/27/08 <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 exemptions contained 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 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: 		4/13/08 407-230-8258 454-817-1947	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	