

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90466 040 ***150.00

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1. Entity Name
WESTSTAR SERVICE, CORP.



Principal Place of Business Mailing Address
9471 PINE ISLAND RIDGE EVERGREEN PLACE, UN IT 102 DAVIE, FL 33324



2. Principal Place of Business --- 3. Mailing Address
9471 Evergreen Place # 102 DAVIE FL 33324 Broward

04302004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0193574** Applied For
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MALDONADO, FIRMO
254 N. STATE RD. 7
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name **Alfonso Conde**
Street Address (P.O. Box Number is Not Acceptable)
9471 Evergreen Place # 102
City **DAVIE** FL Zip Code **33324**

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 **Alfonso Conde** DATE **04/30/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** NAME **Alfonso Conde** ☐ Delete
STREET ADDRESS **9471 Evergreen Place # 102**
CITY-ST-ZIP **DAVIE FL 33324**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP

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 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: **Alfonso Conde** DATE **04/30/04** Phone **(754) 3683865**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #