

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151481

FILED
Feb 25, 2004
Secretary of State

Entity Name: WEST COAST CARRIERS, INC.

Current Principal Place of Business:

4538 WEST VILLAGE DRIVE
SUITE B
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

4538 WEST VILLAGE DRIVE
SUITE B
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 20-0495075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFANTE, ORESTE
1714 MILL RUN CIRCLE
TAMPA, FL 33613 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: INFANTE, ORESTE
Address: 1714 MILL RUN CIRCLE
City-St-Zip: TAMPA, FL 33613 US

Title: VPD () Delete
Name: INFANTE, REGINO JR
Address: 8008 N. HAIL AVE.
City-St-Zip: TAMPA, FL 33614 US

Title: TD () Delete
Name: VASQUEZ, IVAN
Address: 6910 W. CREEK DRIVE
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CRANSHAW, FRED
Address: 259 LEMON LILY CT.
City-St-Zip: ALTAMONTE, FL 32714 US

Title: D () Change (X) Addition
Name: GOBEA, RAMON
Address: 6805 MURRAY HILL
City-St-Zip: TAMPA, FL 33615 US

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: ORESTE INFANTE

PD

02/25/2004

Electronic Signature of Signing Officer or Director

Date