

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1/2006-90316-011-\$158.75-\$158.75

DOCUMENT # P05000004857
 1. Entity Name
WEST TUSCANY INVESTMENTS, INC.



FILED

06 JUN -8 PH 2:12

SECRETARY OF STATE



1st MOORE CR2E034 (10/05)

Principal Place of Business Mailing Address
 14201 S.W. 139TH COURT 14201 S.W. 139TH COURT
 MIAMI FL 33186 MIAMI FL 33186

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **20-2539881** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHIMMEL, ROBERT L
3191 CORAL WAY, PH-2
MIAMI FL 33145

7. Name and Address of New Registered Agent
 Name **Maria E Santos**
 Street Address (P.O. Box Number is Not Acceptable)
14201 SW 139th Ct
 City **Miami** FL Zip Code **33186**

8. The above named entity submits this report 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 *MCDate* **Maria E Santos** DATE **4/20/06**

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JIMENEZ, DANNY	
STREET ADDRESS	14201 S.W. 139TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Maria E Santos	
STREET ADDRESS	13771 SW 30 St	
CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* DATE: **4/20/06** TELEPHONE: **305-281-0740**