2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P05000074432 1. Entity Namo WESTBURY LAKE DEVELOPERS, INC. Principal Place of Business Mailing Address 11030 NORTH KENDALL DRIVE 11030 NORTH KENDALL DRIVE SUITE 100 SUITE 100 MIAMI FL 33176 **MIAMI FL 33176** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc CR2E034 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Number 20-2964384 Not Applicable Zip Country Zip Country \$8.75 Additional Cortificate of Status Dosirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LAGUNA, MILLIE Street Address (P.O. Box Number is Not Acceptable) 9190 SUNSET DRIVE **MIAMI FL 33173** Zip Code 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Againt signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD mar Delete ☐ Change ■ Addition TITLE ROBLES, ALEJANDRO NAME NAME 11030 NORTH KENDALL DRIVE, SUITE 100 STREET ADORESS STREET ADDRESS MIAMI FL 33176 CHY-S1-7P CiTY+SI-7IP \overline{VD} DIO ☐ Delete ☐ Change ☐ Addition GARCIA-ALLEN, EDUARDO NAME. NAME 11030 NORTH KENDALL DRIVE, SUITE 100 U00000684435 STRLET ADDRESS STREET ADDRESS MIAMI FL 33176 04/06/07-80033-019 150.00 CHY-SI-ZIP CHY-ST-7IP VD IIIII. ☐ Delete ☐ Change Addition TITLE ROBLES, FRANCISCO NAMI NAME 11030 NORTH KENDALL DRIVE, SUITE 100 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CHY-S1-7IP CITY+ST-ZIP HITE ☐ Delete 100 ☐ Change ☐ Addition NAME NAMI STREET ADORESS STREET ADORESS CHY-ST-ZIP CHY-ST-ZIP Delete ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STRUCT ADDRESS CIFY+ST-7IP CITY-ST-7IP IIIIE ☐ Delete ☐ Change ☐ Addilion TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 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 eath, 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.