## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000080439

Address:

City-St-Zip:

231 SW 123 AVE.

MIAMI, FL 33184

Entity Name: LAND QUEST ENTERPRISES (WEST), INC

FILED Apr 30, 2007 Secretary of State

		SEOT ENTERN MOLO (WEST)	, 1140.		
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
3560 NW 34TH ST. MIAMI, FL 33142			12800 N.W. 113 COU MEDLEY, FL 33178	12800 N.W. 113 COURT MEDLEY, FL 33178	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3560 NW 34TH ST. MIAMI, FL 33142			12800 N.W. 113 COU MEDLEY, FL 33178	12800 N.W. 113 COURT MEDLEY, FL 33178	
FEI Number	: 20-4794050	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CRUZ, NELSON T. 3560 NW 34TH ST. MIAMI, FL 33142 US			CRUZ, NELSON T. 12800 N.W. 113 COU MEDLEY, FL 33178	12800 N.W. 113 COURT	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				04/30/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( CRUZ, NELSO 231 SW 123 A MIAMI, FL 331	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS ( CRUZ, NORA ( 663 NW 128 P MIAMI, FL 331	LACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DVT ( CRUZ, NORA	) Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: NORA O. CRUZ D 04/30/2007