



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90088 040 ***158.75

DOCUMENT # P05000133775 1. Entity Name TARA O'BRIEN WEST, P.A.					
Principal Place of Business 1330 WEST AVENUE 2013 MIAMI BCH, FL 33139		Mailing Address 7800 COLLINS AVE. APT. #404 2013 MIAMI BEACH, FL 33141			
2. Principal Place of Business - No P.O. Box # 7800 COLLINS AVE.		3. Mailing Address 7800 COLLINS AVE.		40124959 	
Suite, Apt. #, etc. APT. #404		Suite, Apt. #, etc. APT. #404		07102007 Chg-P CR2E034 (12/06)	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		4. FEI Number NOT APPLICABLE	
Zip 33141		Zip 33141		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country U.S.A.		Country U.S.A.		6. Name and Address of Current Registered Agent O'BRIEN WEST, TARA 1330 WEST AVENUE 2013 MIAMI BCH, FL 33139	
7. Name and Address of New Registered Agent 7800 COLLINS AVE. APT. 404 MIAMI BEACH, FL 33141		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Tara O. West</u> DATE <u>7/10/07.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD O'BRIEN WEST, TARA 1330 WEST AVENUE, #2013 MIAMI BCH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7800 COLLINS AVE APT. 404 MIAMI BEACH, FL 33141 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Tara O. West</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>7/10/07.</u> Daytime Phone #		