
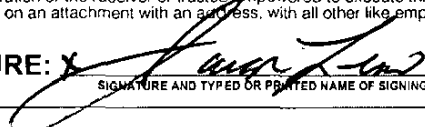


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90058 005 ***150.00

DOCUMENT # P06000014168 1. Entity Name WEST COAST CUSTOM WALL & BAR, INC.					
Principal Place of Business 4675 2ND AVENUE SE NAPLES, FL 34117 US			Mailing Address 4675 2ND AVENUE SE NAPLES, FL 34117 US		
2. Principal Place of Business - No P.O. Box # Same		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 86-1158330	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMES, JORGE 4675 2ND AVENUE SE NAPLES, FL 34117				7. Name and Address of New Registered Agent Name LAWRENCE S JOHNSON CPA Street Address (P.O. Box Number is Not Acceptable) 10191 W SAMPLERO # 201 City CORAL SPRINGS FL Zip Code 33065	
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 LAWRENCE S JOHNSON CPA DATE 1-12-07 <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 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMES, JORGE 4675 2ND AVENUE SE NAPLES, FL 34117	<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	VP LEMES, MARITZA 4675 2ND AVENUE SE NAPLES, FL 34117	<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: X  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/19/2007 (239) 9612572 <small>Date Daytime Phone #</small>	



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Document Number	P06000014168
Business Entity Name	WEST COAST CUSTOM WALL & BAR, INC.
FEI Number	861158330
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	4675 2ND AVENUE SE
Suite, Apt. #, etc.	
City, State	NAPLES, FL
Zip Code & Country	34117 US

Mailing Address

Address	4675 2ND AVENUE SE
Suite, Apt. #, etc.	
City, State	NAPLES, FL
Zip Code & Country	34117 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	LEMES, JORGE
Address	4675 2ND AVENUE SE
Suite, Apt. #, etc.	
City, State	NAPLES, FL
Zip Code & Country	34117 US
Registered Agent Signature	LAWRENCE S JOHNSON CPA

Officer/Director Name and Address

Title	P
Name (Last, First, Middle, Title)	LEMES, JORGE
Street Address	4675 2ND AVENUE SE
City, State	NAPLES, FL
Zip Code & Country	34117 US

Division of Corporations

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#106000014168

Title VP
Name (Last, First, Middle, Title) LEMES, MARITZA
Street Address 4675 2ND AVENUE SE
City, State NAPLES, FL
Zip Code & Country 34117 US

Title PRES
Officer/Director Signature JORGE LEMES

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