2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088607

Entity Name: WESTERNBANK FINANCIAL CENTER CORP.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	SPERITY FAR CH GARDENS	RMS ROAD #221E 5, FL 33410					
Current Mailing Address:				New Mailing Address:			
11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				PO BOX 1180 MAYAGUEZ, PR 00681			
FEI Number:	51-0597457	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
11380 PRO		NS NETWORK, INC. RMS ROAD #221E 5, FL 33410 US					
The above in the State		submits this statement for the pu	rpose o	f changing it	s registered o	office or registered agent, or both	,
SIGNATUR	E:						_
	Electron	ic Signature of Registered Agen	t			Date	•
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BIAGGI, JOSE	DEZ-VIGO, 19 OESTE, 2DO PISO		Title: Name: Address: City-St-Zip:	STIPES, FRAN	DEZ-VIGO, 19 OESTE, 2DO PISO	
Title: Name: Address: City-St-Zip:	HILERA, ADRIA	DEZ-VIGO, 19 OESTE, 2DO PISO		Title: Name: Address: City-St-Zip:	MALDONADO,	DEZ-VIGO, 19 OESTE, 3DO PISO	
Title: Name: Address: City-St-Zip:	MATOS, MARIE	DEZ-VIGO, 19 OESTE, 2DO PISO		Title: Name: Address: City-St-Zip:	RIVERA, NORE	DEZ-VIGO, 19 OESTE, 4DO PISO	
Title: Name: Address: City-St-Zip:	T/D () RIVERA, NORBI EDIFICIO MENE MAYAQUEZ, PR	ERTO DEZ-VIGO, 19 OESTE, 2DO PISO		Title: Name: Address: City-St-Zip:	CORTINA, RICA	DEZ-VIGO, 19 OESTE, 2DO PISO	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	LOPEZ, RENE) Change (X) Addition VERA AVENUE 00918	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MUNIZ, MARIA	DEZ-VIGO, 19 OESTE, 2DO PISO	

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.

SIGNATURE: NORBERTO RIVERA T/D 04/29/2008 Date