2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117475

Entity Name: WESTCHESTER INTERNATIONAL CORP.

FILED Apr 07, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Princip	New Principal Place of Business:		
5491 UNIVERSITY DR., SUITE 104A CORAL SPRINGS, FL 33067				5491 UNIVERSITY DR., SUITE 104A		
CORAL SI	PRINGS, FL 33	3067	104 CORAL SPRI	INGS, FL 33067	US	
Current M	lailing Addres	s:	New Mailing	New Mailing Address:		
5491 UNIVERSITY DR., SUITE 104A CORAL SPRINGS, FL 33067			5491 UNIVER	5491 UNIVERSITY DR., SUITE 104A		
			104 CORAL SPRI	104 CORAL SPRINGS, FL 33067 US		
FEI Number	: 13-3374786	FEI Number Applied For ()	FEI Number Not Applica	ble () Certif	icate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
5491 UNIV	D, OCTAVIO /ERSITY DR., S PRINGS, FL 33					
	named entity see of Florida.	ubmits this statement for the pu	urpose of changing its	registered office o	r registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Ager	nt	Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () VASCONCELLO 8628 VIA ANCH BOCA RATON, F	O RD.	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	TD () VASCONCELLO 8628 VIA ANCH BOCA RATON, F	O RD.	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	VD () CARDOSO, OC 8606 VIA GIARE BOCA RATON, I	ONIO	Title: Name: Address: City-St-Zip:	()Chang	e () 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.

SIGNATURE: OCTAVIO CARDOSO MR. 04/07/2009