

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90013 019 \*\*\*150.00

**DOCUMENT # P06000151338**

1. Entity Name  
**WEST FLORIDA LAND HOLDINGS, INC.**



Principal Place of Business  
**3191 CORAL WAY #624-  
 CORAL GABLES, FL 33145**

Mailing Address  
**3191 CORAL WAY #624-  
 CORAL GABLES, FL 33145**

2. Principal Place of Business - No P.O. Box #  
**2828 CORAL WAY**


3. Mailing Address  
**2828 CORAL WAY**

Suite, Apt. #, etc.  
**308**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33145** Country  
**USA**



01312008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-8350840** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MELO, PAULO**  
**3191 CORAL WAY #624**  
**CORAL GABLES, FL 33145**

7. Name and Address of New Registered Agent

Name  
**JANE**

Street Address (P.O. Box Number is Not Acceptable)  
**2828 CORAL WAY #308**

City  
**MIAMI FL** Zip Code  
**33145**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELO, PAULO</b> <b>3191 CORAL WAY #624</b> <b>CORAL GABLES, FL 33145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARVALHO, MARCOS</b> <b>3191 CORAL WAY #624</b> <b>CORAL GABLES, FL 33145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <b>2828 CORAL WAY #308</b> <b>MIAMI, FL, 33145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <b>2828 CORAL WAY #308</b> <b>MIAMI, FL, 33145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* **2/22/2008** **305 567 1163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #