


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90032 011 ***150.00

DOCUMENT # P07000017448	
1. Entity Name WEST SERVICES CENTER, INC.	

Principal Place of Business 247 PARK BLVD MIAMI, FL 33126	Mailing Address 247 PARK BLVD MIAMI, FL 33126
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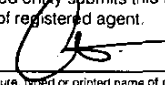
2. Principal Place of Business - No P.O. Box # 10511 SW 88 ST E 205	3. Mailing Address 10511 SW 88 ST E 205
Suite, Apt. #, etc. E 205	Suite, Apt. #, etc. E 205
City & State Miami, FL	City & State Miami, FL
Zip 33176	Zip 33176
Country USA	Country USA



04042008 Chg-P CR2E034 (12/06)

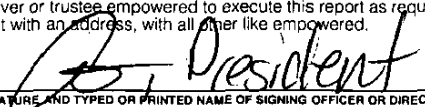
6. Name and Address of Current Registered Agent MARMOLEJOS, ARIEL 247 PARK BLVD MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Ariel Marmolejos	
Street Address (P.O. Box Number is Not Acceptable) 10511 SW 88 ST E 205	
City Miami	FL Zip Code 33176

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 	DATE 4/2/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MARMOLEJOS, ARIEL	TITLE P.D.	NAME Marmolejos Ariel
STREET ADDRESS 247 PARK BLVD	CITY - ST - ZIP MIAMI, FL 33126	STREET ADDRESS 10511 SW 88 street E 205	CITY - ST - ZIP Miami, FL 33176
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY - ST - ZIP 	STREET ADDRESS 	CITY - ST - ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY - ST - ZIP 	STREET ADDRESS 	CITY - ST - ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY - ST - ZIP 	STREET ADDRESS 	CITY - ST - ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY - ST - ZIP 	STREET ADDRESS 	CITY - ST - ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<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:  President	DATE: 4/2/08