


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 023 ***150.00

DOCUMENT # P92000012344

1. Entity Name
 FLORIDA WEST FUTURES INC.



Principal Place of Business Mailing Address
 1126 COUNTRY CLUB BLVD 1126 COUNTRY CLUB BLVD
 CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US

54030828

2. Principal Place of Business 3. Mailing Address
 4719 SE 17th Pl 4719 SE 17th Pl
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 306 306

City & State City & State
 Cape Coral Cape Coral FL
 Zip Country
 FL Lee 33904 US

04012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0503692 Not Applicable

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

6. Name and Address of Current Registered Agent
 PLATANIA, SAMUEL S
 4719 SE 17TH PL
~~308~~ 306
 CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$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	PTS PLATANIA, SAMUEL S 1126 COUNTRY CLUB BLVD CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4719 SE 17th Pl #306 Cape Coral, FL 33904
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SAMUEL S. PLATANIA 4/10/04 279-940-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #