2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P93000053635** 04-30-2004 90233 012 ***150.00 MIAMI WEST, INC. Principal Place of Business Mailing Address 400 S. STATE RD. 7 400 S. STATE RD. 7 94074614 PLANTATION, FL 33322 **SUITE 112** PLANTATION, FL 33322 2. Principal Place of Business 3. Mailing Address 400 South State Road 7 400 South State Road 7 Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Plantation, Florida Plantation, Florida 65-0439746 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33317 USA = 3331-7-Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition MCDONALD, GERALD T McDonald, Gerald T. NAME NAME STREET ADDRESS 400 S. STATE RD. 7 STREET ADDRESS 400 South State Road 7 CITY-ST-7IP PLANTATION, FL 33322 CITY-ST-7IP Plantation, Florida 33317 TITLE ☐ Delete TITLE ____ Change____ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change DITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

*⇔*954–584–3060