2007 FOR PROFIT COMPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A ate

| AIMOAL KLI OKT | | | | | - (| N | CCA |
|---|--|---|---|--------------------------|-------------------|---------------------------------------|--------------------------------------|
| DOCUMENT # P9300005363 1. Entity Name MIAMI WEST, INC. | | 35 | | | | secreta | ry of St |
| Principal Plac 400 S. STATI PLANTATION | É RD. 7 | Mailing Address 400 S. STATE RD. 7 PLANTATION, FL 33317 | | | | £3 1 4 01 E 4 5 | 1507 1 00100 10 5 10 0 |
| D | O NOT WRITE | CE | 04182007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable | | | | |
| | 6. Name and Address of Current Re | gistered Agent | | 5. Certificate | of Status Desired | □ \$8.75 Fee Re | Additional quired |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | DO NOT WRITE IN THIS SPACE | | | | |
| 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 stile if applicable. (NOTE. Registered Agent | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | | .00 May Be ed to Fees | U00000 | 1731063 -20103-016 | 150-00 |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND DIF D MCDONALD, GERALD T 400 S. STATE RD. 7 PLANTATION, FL 33317 | RECTORS | | | 10 100 100 | | 700 x 00 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SP | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | • | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

STREET ADDRESS CITY-ST-ZIP