2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)						FILED			
1. Entity Nan			49	هين شي ان		Feb 16, 2004 08:00 AM Secretary of State			
WESTER	N CEMENT, IN	1C.				5661	ctary of	Dea	
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·	•			
	NRISE BLVD		2455 E SUNRIS #1103	SE BLVD					
#1103 FORT LAUDERDALE FL 33304 US			FORT LAUDERDALE FL 33304 US						
2. Principal F Suite, Apt	Place of Business		3. Mailing Address Suite, Apt. #, etc.					,,=,, =,=,= ,=,	
City & Sta			City & State			MOORE 4. FEI Number	CR2E034 (1		phed For
Zip Country			Zip Country		65-04401	60		t Applicable	
			_			5. Certificate of Status Desired		Required	
	6. Name and A	ddress of Current	Registered Agent		7. Name and Address of New Registered Agent Name				
KROKSTEDT, PETER					Street Address (P.O. Box Number is Not Acceptable)			· · · ·	
#11	5 E SUNRISE 03 LAUDERALE F			Silest Address (.O. BOX NUMBER IS NOT ACCEPTATE			····
F) 1	LAUDENALE F	L 33304		City			FL	Zip Code	-
8. The above the obligation	e named entity subm tions of registered a	its this statement fo	or the purpose of char	inging its register	red office or register	ed agent, or both, in the State of F	/	liar with, a	and accept
SIGNATURE	Signature, typed or printer	d name of registered agent	and title if applicable.	(NOTE Register	ed Agent signature required	when reinstating)	DATE		
EILE NOWILL EEE IS \$160.00									
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign F Trust Fund Contribut		\$5.0 (Added	May Be to Fees
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND DIF	RECTORS	3 IN 11
TITLE	P	TED	□ Del					Change	☐ Addition
NAME STREET ADDRESS			NAME STREI		NE EET ADDRESS	U00000052458 02/16/04-80092-017 150.00			
CITY-ST-ZIP	ST-ZIP FT LAUDERDALE FL				Y-SI-ZIP	U2/16/U4-80092-017 150.00			
TITLE NAME	OSTROM, PETER	3	☐ Def	elete Titi. NAM	1			Change	☐ Addition
	DORESS 1746 NE 9TH ST				EET ADDRESS				
CITY-ST-ZIP	j				V-ST-ZIP				
TITLE		☐ Dei		1	.,		Change	☐ Addition	
NAME STREET ADDRESS			NAV STRI	RE EET ADORESS]	
CITY-ST-ZIP				сту	r-ST-ZIP				
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TITLE			☐ Del	lete TITL	E			Change	Addition
NAME	1			NAM	i				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (- ST-ZIP				
	L certify that the inform	nation supplied with	this filing does not c			otion 119.07(3)(i). Fiorida Statutes	. I further certify t	hat the in	formation
indicated of the cor changed	on this report or su reporation or the rece , or on an attachmen	pplemental report is ivefor truster emport it with an address.	true and accurate a owered to execute the with all other like emit	ind that my signa is report as requi powered.	ture shall have the s ired by Chapter 607	ame legal effect as if made unde Florida Statutes, and that my nar	r oath; that I am a ne appears in Bio	n officer o	or director Block 11 if
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 receiveffor truster 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. 2/12/04 (934) 565-78-75 SIGNATURE:									

(954)5657875