## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000025636

FILED Apr 30, 2004

DOCON		000023030		Secretary or State			
Entity Nar	ne: WEST SI	DE PARTNERS, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
#220	H POINTE DR						
MIAMI BEA	ACH, FL 33139	)					
Current Mailing Address:			New Maili	New Mailing Address:			
500 SOUT #220	H POINTE DR	IVE					
	ACH, FL 33139	)					
FEI Number:	65-0488316	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desire	ed ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1401 BRIC							
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent,	or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	NEE, M.	Delete INTE DRIVE - STE 220 FL 33139	Title: Name: Address: City-St-Zip:	KRAMER, TH 500 SOUTH	(X) Change ()Addition HOMAS POINTE DRIVE - STE 220 H, FL 33139		

Title: () Delete Title: VPS (X) Change ( ) Addition COLONNESE, CATHERINE F Name: Name: NEE. MARGARET Address: 500 SOUTH POINTE DRIVE - STE 220 Address: 500 SOUTH POINTE DRIVE - STE 220 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: BERNSTEIN, MICHAEL A Name: Address: 500 SOUTH POINTE DRIVE - STE 220 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KRAMER PD 04/30/2004