


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000052449	
1. Entity Name WEST PALM MOTEL CORPORATION	

Principal Place of Business 1075 S MAIN STREET BELLE GLADE, FL 33430 US	Mailing Address 1075 S. MAIN ST. BELLE GLADE, FL 33430 US
---	---

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0503611	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent PATEL, ASHOK 1075 S MAIN STREET BELLE GALDE, FL 33430	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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, ASHOK 1075 S MAIN STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, NAVNIT 834 CARAWAY CT WELLINGTON, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, SHILPA A 834 CARAWAY CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, DHARMISTA N 834 CARAWAY CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000016402
01/28/04-80055-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date: 1-24-03 Daytime Phone #: 561-992-8600