2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNOA	L REPORT (AR	. THE	194000002881				
DOCUMENT # P94000062881 1. Entity Name					04 MAY 14 PM 12: 18			
WESTBANK CORP.					TĂŢŢĀĤĀŠŠĒĒ,			
Principal Place of Business Mailing Address					TALLAHASSEE,	LERIDA		
12550 BISC N MIAMI FL	AYNE BLVD, 220 33181	P.O. BOX 6193 SURFSIDE FL 33154 US	SURFSIDE FL 33154			94076897		
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address			# 6 7 17 6 117 1011 11 <u>0</u> 1 1111 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				R2E034 (11/03)		
City & State	9	City & State	City & State		4. FEI Number NO-T APPLIC	ARIF -	oplied For or Applicable	
Ζiρ	Country	Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of	Current Registered Agent			7. Name and Address of New Registered Agent			
001			Name			Ì		
125	ILENGER, HAROLD B 50 BISCAYNE BLVD, IIAMI FL 33181		Street Address (P.O. Box Number is Not Acceptable)			
	• 1.4		ļ	City		Zip Coo		
				· ·		<u> </u>		
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 pristed name of registered agont and title 4 apolicable. (NOTE: Registered Agent signature required whon reinstating) DATE								
CONTRACTOR OF THE PROPERTY OF								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					 Election Campaign Final Trust Fund Contribution. 		O May Be d to Fees	
-10.	COFFICE	RS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE	D gg	☐ Detete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME	ET ADCRESS			1	
CITY-ST-ZIP				ST-ZIP				
TITLE	☐ Delete UT		DILE			☐ Change	Addition	
NAME STOCKT ADDOCKS			NAME	•)	
STREET ADDRESS CITY-ST-ZIP				et address · SI - ZIP			{	
TITLE	☐ Detete		TITLE			☐ Change	Addition	
NAME			NAME	· I				
STREET ADDRESS CITY-S1-ZIP				et address St-Zip			1	
TITLE	<u> </u>	□ Delete				☐ Change	Addition	
NAME			NAME	1				
STREET ADDRESS CITY-S1-ZIP		<u>-</u>		ET ADORESS ST-ZIP				
TITLE HAME		Delete	TITLE	· •		☐ Change	Addition	
STREET ADDRESS				E1 ADDRESS			ł	
CITY-ST-ZIP			CITY-	ST-ZIP	Λ Λ	11.1		
TITLE	☐ Delete ITIL		1		\ \ □ Change	Addition		
STREET ADDRESS			NAME STRE	ET ADDRESS				
CITY-ST-ZIP CITY-ST-ZIP					V 5 - 110 07/29/3 Finance 20-4			
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: Have & Schlonger, Derison 4/20/2004 (3 05) 899-1155								
SIGNATURE: ALALON SIGNATURE AND TYPED ON PRINTED HAME OF SIGNANG OFFICER ON DIRECTOR Date Opping Prome &								

04-30-2004 90277 004 ***150.00