2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P950000339 LD WEST, INC.	924			Secr	etary of State
Principal Plac 3600 MW 37 MIAMI, FL 3	7 CT -	Mailing Address 3600 MW 37 CT MIAMI, FL 33142 US			4711 4 441 4 241 04 74 0 844 6	
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				03082005 4. FEI Numbe	- ,	CR2E034 (10/03) Applied For
					PLICABLE of Status Desired	Not Applicable \$8.75 Additional
,	6. Name and Address of Current R	egistered Agent	The second secon	יינ אי	نين در پيدا ۾ <mark>۱۹۵</mark> ۴ ونجوي	Fee Required
MULLER, 3600 NW 3 MIAMI, FL	37 CT					
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						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution	ancing \$5 n. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.00 May Be led to Fees	H0000028 03/31/05-80	1682 012-023 150.00
10.	OFFICERS AND D	RECTORS				
NAME STREET ADDRESS CYTY-ST-ZIP	MULLER, GEORGE 3600 NW 37 CT MIAMI, FL 33142	-				
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP			_			
NAME		. <u> </u>	~- I	,		
STREET ADDRESS CITY-ST-ZIP TITLE						
NAME STREET ADDRESS CITY-ST-ZIP						
ISTLE NAME			·			
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
12. I hereby of	certily that the information supplied with the or this report or supplemental report is the receiver of trustee ampower, or on an attachment with an address, with the contraction or the receiver or trustee ampower, or on an attachment with an address, with an address with a supplied the contraction of	nis filling does not qualify for the exue and accurate and that my signered to execute this report as region all when like semonwered	kemption stated in Se nature shall have the uired by Chapter 60	ection 119,07(3)(i same legal effec 7, Florida Statutes), Florida Statutes. I fur i as if made under oath s, and that my name ap	ther certily that the information , that I am an officer or director pears in Block 10 or Block 11 if
SIGNAT	URE:	Mille			-11-05	
l	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR DIRE	CTOR		Date	Daylime Phone #