
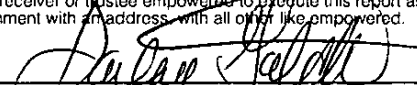


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90393 023 \*\*\*150.00

<b>DOCUMENT # P95000079362</b>					
<b>1. Entity Name</b> WEST HILL INDUSTRIAL CORP.					
<b>Principal Place of Business</b> 8190 NW 66TH STREET MIAMI, FL 33166 US			<b>Mailing Address</b> 8190 NW 66TH STREET MIAMI, FL 33166 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0643137	
Zip		Country		Zip	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VALDES, FRANCISCO 8190 NW 66 STREET MIAMI, FL 33166			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> BUSTAMANTE, ALBERTO E <b>STREET ADDRESS</b> 8190 NW 66 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P, D <b>NAME</b> Galdo, Darlene <b>STREET ADDRESS</b> Two Alhambra Plaza, PH 1B <b>CITY-ST-ZIP</b> Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> BUSTAMANTE, ALBERTO J <b>STREET ADDRESS</b> 8190 NW 66 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> AS <b>NAME</b> Murai, Rene V. <b>STREET ADDRESS</b> Two Alhambra Plaza, PH 1B <b>CITY-ST-ZIP</b> Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPS <b>NAME</b> BUSTAMANTE, ANA L <b>STREET ADDRESS</b> 8190 NW 66 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TAS <b>NAME</b> BUSTAMANTE DE LOPEZ, MARIA A <b>STREET ADDRESS</b> 8190 NW 66 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AT <b>NAME</b> BUSTAMANTE DE DUNN, GLADYS M <b>STREET ADDRESS</b> 8190 NW 66 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 			Date: 4/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Darlene Galdo, President			(305) 444-0101 Daytime Phone #		