2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P95000092183

Entity Name: WEST HOLIDAY INSURANCE, INC.

Current Principal Place of Business:

6905 WEST 4TH AVENUE
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

6905 WEST 4TH AVENUE
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 65-0631275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEJEDA, JESSICA
2701 SW LEJEUNE ROAD
SUITE 401
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: TEJEDA, JESSICA
Address: 17601 SW 70 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: DVP ( ) Delete
Name: TEJEDA, MARGARITA
Address: 17601 SW 70 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JESSICA TEJEDA DPST 01/04/2005

Electronic Signature of Signing Officer or Director — Date