## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P95000096552  1. Entity Name WEST LAKE ENTERPRISES, INC.					05-01-2008 90189 026 ***150.00			
Principal Plac	e of Business	Mailing Address	Mailing Address					
•		7844 NW 166 TERR	•			0009	E051	
		HIALEAH, FL 33016			60035951			
						Ti dinia acen cren con	I 88218 (8119 8118) BIIDI BIIDI	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		03072008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number Applied For 65-0759058 Not Applicable			
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Realstered Agent	!		7. Name and A	ddress of New R	····	
				Name				•
ABRAHAM, ROLANDO 7844 NW 166 TERR HIALEAH, FL 33016				Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH,	FE 33010				***			
			-	City			FL Zip Cod	e
8 The above	named entity submits this statement for	1 office or register	ed agent, or both	in the State of Flo		and acceni		
the obligat	ions of registered agent.	is the pospode of changing ha	, roginalis	a onico or register	ed agent, or some	in the otale of the	Tan tan tan	una accopi
SIGNATURE								
JOHNNONES	Signature, typed or printed harne of registered agent	and side if applicable (HOT	F- Repistered	Agent signature required	t when reinstating i		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution					.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TATLE	<del>-</del>		HILE				☐ Change	. Addition
NAME STREET ADDRESS	ABRAHAM, ROLANDO NAM STR			ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE	VD Delete TITL						Change	Addition
NAME	ABRAHAM, HUMBERTO NAM							_
STREET ADDRESS				F ADDRESS				
CrTY-ST-ZIP			CITY-S	ST-ZIP				
TITLE		Delete	TITLE	1			Change	Addition
NAME STREET ADDRESS			NAME	F ADDRESS				
CITY-SE-ZIP			CITY-S	1				
TITLE -		☐ Delate	TITLE				☐ Change	Addition
NAME	NAN							
STREET ADDRESS CITY-ST-ZIP			STREE*	I ADDRESS				
TITLE		□ p-1		11-21			☐ Change	☐ Addition
NAME	Delete IIIT.						Ghange	
STREET ADDRESS			- 1	T ADDRESS				
CITY ST-ZIP			CITY+S	S1-2IP				
TITLE		☐ Dalete	HILE				☐ Change	☐ Addition
NAME CICECT ADDDECC			NAME	I vopotet			•	
STREET ADDRESS CITY-ST-ZIP			CITY-S	FADDRESS ST-ZIP				
	l pertify that the information supplied with	this filing does not qualify for	I		t in Chapter 119	Florida Statules I	further certify that the i	nformation

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 11/15

305-821-107 C