


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1762

DOCUMENT # P96000026377		
1. Entity Name WESTONAVE PROFESSIONAL SERVICES, INC.		

FILED
04 SEP 10 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7027 W. BROWARD BLVD. SUITE 372 PLANTATION, FL 33317	Mailing Address P.O. BOX 16183 PLANTATION, FL 33318
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2. Principal Place of Business		3. Mailing Address <i>P.O. Box 16183</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Plantation FL</i>	
Zip	Country	Zip <i>33318</i>	Country <i>FL</i>

03052003 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WEST-OSMOND 300 N.W. 44TH AVE. PLANTATION, FL 33317 <i>1070 NW 21st</i> <i>FL Lauderdale 33309</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	WEST, OSMOND <i>1070 NW 21st</i>
STREET ADDRESS	300 N.W. 44TH AVE.
CITY-ST-ZIP	PLANTATION, FL 33317 <i>FL Lauderdale</i>
TITLE	D <input type="checkbox"/> Delete
NAME	WEST, DELROYE <i>1070 NW 21st</i>
STREET ADDRESS	300 N.W. 44TH AVE.
CITY-ST-ZIP	PLANTATION, FL 33317 <i>FL Lauderdale 33309</i>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WEST, JENNIFER
STREET ADDRESS	309 N.W. 44TH AVE.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700041322327
CITY-ST-ZIP	09/24/04--01050--018 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # *[Signature]*

09-0-6-04 287

PO BOX 16183

Plantation FL 33318

Dear Sir - madam,

I deeply apologise for the inconsistency of having my paper work done untimely -
The reason, having to move from previous location and out of town for a while, took a ~~total~~ toll on everything:

Please find ~~enclose~~ paper work if any discrepancies, forgive me, my brain's not functioning:

Enclose are two checks \$150 \$550
it will be most Gracious of you if you can Wave the late fee, I need that money - and so, if so, please return the other one.

For your Consideration

most humbly
- Thank you

Robert -
mgk