

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90040 044 ***150.00

DOCUMENT # P96000055480

1. Entity Name
WEST HAGEN ASSOCIATES, INC.



Principal Place of Business
**%THE SILVERMAN ORGANIZATION
3612 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442**

Mailing Address
**C/O JOAN I. NEYWIRTH, PA
9810 NW 10 ST
PLANTATION, FL 33322 US**

24041812



2. Principal Place of Business
406 W. Hillsboro Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State
Deerfield Beach FL
Zip
33441

City & State
Country

4. FEI Number
65-0679031
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCAVA REAL ESTATE
3612 W. HILLSBORO BLVD
DEERFIELD BCH, FL 33442**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
406 W. Hillsboro Blvd
City
FL Zip Code
33441

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

Jonathan Silverman, Pres
Signature, typed or printed name of registered agent and title if applicable.

2/26/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SILVERMAN, JONATHAN 3612 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALONSO, STEPHEN M %3612 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 406 W. Hillsboro Blvd 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 406 W. Hillsboro Blvd 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Jonathan Silverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 954.360.7444
Date Daytime Phone #