


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90404 001 ***150.00

DOCUMENT # P96000075420 1. Entity Name WESTSHORE HOLDINGS INC.			
Principal Place of Business 5045 W CYPRESS ST TAMPA, FL 33607 US		Mailing Address PO BOX 24282 TAMPA, FL 33622 US	
2. Principal Place of Business 500 N. WESTSHORE Suite, Apt. #, etc. SUITE 405		3. Mailing Address PO BOX 24282 Suite, Apt. #, etc. TAMPA, FL 33622	
City & State TAMPA, FL		City & State TAMPA, FL 33622	
Zip 33629	Country HOLLAND	Zip 33622	Country US
4. FEI Number 59-3405147		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CISNEROS, FRANK G 5045 W CYPRESS ST TAMPA, FL 33607		7. Name and Address of New Registered Agent Name CISNEROS, FRANK G Street Address (P.O. Box Number is Not Acceptable) 500 N. WESTSHORE BLVD. SUITE 405 City TAMPA FL Zip Code 33609	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CISNEROS, FRANK 5045 W CYPRESS STREET TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CISNEROS, FRANK 500 N. WESTSHORE BLVD, SUITE 405 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CISNEROS, JUAN CARLOS 5045 W CYPRESS STREET TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CISNEROS, JUAN CARLOS 500 N. WESTSHORE BLVD., SUITE 405 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CISNEROS, FRANK G JR 5045 W CYPRESS STREET TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CISNEROS, FRANK G JR 500 N. WESTSHORE BLVD., SUITE 405 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
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.			
SIGNATURE: <u>JUAN CARLOS CISNEROS</u>		Date <u>4/4/06</u> Daytime Phone # <u>813-288-9360</u>	