

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 012 ***150.00

DOCUMENT # P96000078655 1. Entity Name WEST CITY PARTNERS, INC.			
Principal Place of Business 150 E PALMETTO PARK ROAD #401 BOCA RATON, FL 33432		Mailing Address 150 E PALMETTO PARK ROAD #401 BOCA RATON, FL 33432	
2. Principal Place of Business PLEASE NOTE OUR NEW ADDRESS: Suite, Apt. #, etc. 120 E. PALMETTO PARK ROAD		3. Mailing Address PLEASE NOTE OUR NEW ADDRESS: Suite, Apt. #, etc. 120 E. PALMETTO PARK ROAD	
City & State SUITE 410		City & State SUITE 410	
Zip BOCA RATON, FL 33432 (561) 394-7400		Country 	
4. FEI Number 65-0696878		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 SIMIGRAM, KENNETH K 150 E PALMETTO PARK ROAD #401 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent PLEASE NOTE OUR NEW ADDRESS: Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 FL Zip Code (561) 394-7400	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees PLEASE NOTE OUR NEW ADDRESS:	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SIMIGRAM, KENNETH H <input type="checkbox"/> Delete STREET ADDRESS 150 E PALMETTO PARK ROAD #401 CITY-ST-ZIP BOCA RATON, FL 33432	TITLE 120 E. PALMETTO PARK ROAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SUITE 410 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP (561) 394-7400 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			