

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90059 035 \*\*\*150.00

**DOCUMENT # P96000078655**

1. Entity Name  
**WEST CITY PARTNERS, INC.**



Principal Place of Business  
**120 E. PALMETTO PARK ROAD  
SUITE 410  
BOCA RATON, FL 33432**

Mailing Address  
**120 E. PALMETTO PARK ROAD  
SUITE 410  
BOCA RATON, FL 33432**



2. Principal Place of Business - No P.O. Box #  
**One Financial Plaza**

3. Mailing Address  
**One Financial Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 102**

**Suite 102**

City & State

City & State

**Ft. Lauderdale FL**

**Ft. Lauderdale FL**

Zip

Country

Zip

Country

**33394**

**USA**

**33394**

**USA**

03062007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0696878**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIMIGRAM, KENNETH K  
120 E. PALMETTO PARK ROAD  
SUITE 410  
BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name  
**Simigran, Kenneth H.**

Street Address (P.O. Box Number is Not Acceptable)

**One Financial Plaza**

**Suite 102**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33394**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
**D  
SIMIGRAM, KENNETH H  
120 E. PALMETTO PARK ROAD, SUITE 410  
BOCA RATON, FL 33432** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**One Financial Plaza, Suite 102  
Ft. Lauderdale FL 33394**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-07**

Date

**(954) 616-1113**

Daytime Phone #