2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90008 012 ***150.00

DOCUMENT # P97000049753

1. Entity Name
68 WEST CORP.

Principal Place of Business	Mailing Address
5801 N CONGRESS AVENUE BOCA RATON, FL 33487	5801 N CONGRESS AVENUE BOCA RATON, FL 33487

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5801 Congress Avenue		5801 Congress Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Boca Raton, Florida		City & State: Boca Raton, Florida	
Zip: 33487	Country:	Zip: 33487	Country:

4. FEI Number: 65-0760360 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S
500 E. BROWARD BLVD., STE. 1950
FT. LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, STEVEN 5801 N CONGRESS AVENUE BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 5801 Congress Avenue Boca Raton, Florida 33487	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIEMENS, RICHARD 5801 N CONGRESS AVENUE BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 5801 Congress Avenue Boca Raton, Florida 33487	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Steve Wolf, Director 2/16/04 561-498-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #