

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90036 048 ***150.00

DOCUMENT # P97000060462

1. Entity Name
WESTERN CONSULTING, INC.

Principal Place of Business
4801 SOUTH UNIVERSITY DR
SUITE 3090
DAVIE FL 33328

Mailing Address
4801 SOUTH UNIVERSITY DR
SUITE 3090
DAVIE FL 33328

40060438



2. Principal Place of Business - No P.O. Box # 1776 N Pine Island Rd.		3. Mailing Address 1776 N Pine Island Rd.		01182008	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc. Suite 216		Suite, Apt. #, etc. Suite 216		4. FEI Number 65-0768496		Applied For Not Applicable
City & State Plantation, FL		City & State Plantation, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33322	Country	Zip 33322	Country			

6. Name and Address of Current Registered Agent ACCUPAY SERVICES CORP. 4801 SOUTH UNIVERSITY DRIVE SUITE 3090 DAVIE, FL 33328		7. Name and Address of New Registered Agent Na Str. ACCUPAY SERVICES CORP. 1776 N. Pine Island Rd. Suite 216 Cit. Plantation, FL 33322 Zip Code	
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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]* DATE: 3-17-08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITING, ROBERT T 4801 S UNIVERSITY DR SE 3090 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITING, ROBERT T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1776 N PINE ISLAND RD # 216 PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS RODRIGUEZ, MIGUEL J 4801 S UNIVERSITY DR STE 3090 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS RODRIGUEZ, MIGUEL J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1776 N PINE ISLAND RD # 216 PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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]* 3.26.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #