

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000081148

1. Entity Name
WESAM, INC.



FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90114 032 ***150.00

Principal Place of Business

78 NW 8TH STREET
HOMESTEAD, FL 33030

Mailing Address

78 NW 8TH STREET
HOMESTEAD, FL 33030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0784673

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASSAN, AZZAN A
78 NW 8TH STREET
HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

3. 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, 2005 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
HASSAN, AZZAN A
9500 SW 119 CT.
MIAMI, FL 33186 ☐ 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
VP
SARWAT EGHNEIM
9500 SW 119 CT
MIAMI FL 33186 ☐ Change ☒ Addit

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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; 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

AZZAN A HASSAN

Date

03/15/2005 (986) 252-7737

Daytime Phone #