

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90557 047 \*\*\*150.00

**DOCUMENT # P98000005227**

1. Entity Name  
IAI WESTWOOD, INC.



Principal Place of Business  
C/O WEBSTER & PARTNERS, P.L.  
1936 LEE ROAD STE 101  
WINTER PARK, FL 32789

Mailing Address  
C/O WEBSTER & PARTNERS, P.L.  
1936 LEE ROAD STE 101  
WINTER PARK, FL 32789

2000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
58-2370145

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

7. Name and Address of New Registered Agent

W & P SERVICES, INC.  
1936 LEE ROAD STE 101  
WINTER PARK, FL 32789

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, 2005 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 DVS  
NAME GAZDAR, HOMI ☐ Delete  
STREET ADDRESS 200 BOULDER RIDGE ROAD  
CITY-ST-ZIP SCARSDALE, NY 10583

TITLE ☒ Change ☐ Addition  
NAME 1936 Lee Rd  
STREET ADDRESS Winter Park, FL 32789  
CITY-ST-ZIP

TITLE DPT  
NAME MAITRA, PINAK ☐ Delete  
STREET ADDRESS 200 BOULDER RIDGE ROAD  
CITY-ST-ZIP SCARSDALE, NY 10583

TITLE ☒ Change ☐ Addition  
NAME 1936 Lee Rd.  
STREET ADDRESS Winter Park, FL 32789  
CITY-ST-ZIP

TITLE DVAS  
NAME BARNHARD, SETH ☐ Delete  
STREET ADDRESS 5067 WINDING BRANCH DR.  
CITY-ST-ZIP DUNWOODY, GA 30338

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 #