

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90005 025 ***150.00

DOCUMENT # P98000010395					
1. Entity Name WEST LAKES ESTATES, INC.					
Principal Place of Business 15123 NW 87TH PL MIAMI, FL 33018			Mailing Address PO BOX 4514 HALEAH, FL 33015		
2. Principal Place of Business <i>16260 NW 84TH PL</i>		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>MIAMI LAKES, FL.</i>		City & State 		4. FEI Number 65-0828679	
Zip <i>33016</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENENDEZ, JUAN M 15123 NW 87 PL MIAMI, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>16260 NW 84TH PLACE</i> City <i>MIAMI LAKES</i> FL <i>33016</i>		
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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MENENDEZ, JUAN M 15123 NW 87TH PL MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>16260 NW 84TH PLACE</i> <i>MIAMI LAKES, FL. 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MENENDEZ, JOSE A 15123 NW 87TH PLACE MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>16260 NW 84TH PLACE</i> <i>MIAMI LAKES, FL. 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MENENDEZ, PIEDAD 15123 NW 87TH PLACE MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>16260 NW 84TH PLACE</i> <i>MIAMI LAKES, FL. 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE 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: <i>P. Menendez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>1/10/04</i> (305) <i>556-2026</i> Daytime Phone #		

PIEDAD MENENDEZ