

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P98000010395

1. Entity Name

WEST LAKES ESTATES, INC.



**FILED
Jan 31, 2005 8:00 am
Secretary of State**

01-31-2005 90051 029 ***150.00

Principal Place of Business

16260 NW 54TH PL
HIALEAH FL 33016

Mailing Address

PO BOX 4514
HIALEAH FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0828679

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, JUAN M
16260 NW 84TH PL
HIALEAH FL 33016

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.

1/26/05

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

Make Check Payable to Florida Department of State

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 DPS
NAME MENENDEZ, JUAN M
STREET ADDRESS 16260 NW 84TH PL
CITY-ST-ZIP HIALEAH FL 33016

TITLE DVP
NAME MENENDEZ, JOSE A
STREET ADDRESS 16260 NW 84TH PL
CITY-ST-ZIP HIALEAH FL 33016

TITLE DVP
NAME MENENDEZ, PIEDAD
STREET ADDRESS 16260 NW 84TH PL
CITY-ST-ZIP HIALEAH FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP Change Addition

DVPS Change Addition

DVPT Change Addition

Change Addition

Change Addition

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)(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: *Juan M. Menendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 (605) 826-8929
Date Daytime Phone #