

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000022027 1. Entity Name WESTWARD EXPANSION, INC.	
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Principal Place of Business 2100 SALZEDO AVENUE SUITE 300 CORAL GABLES, FL 33134	Mailing Address 2100 SALZEDO AVENUE SUITE 300 CORAL GABLES, FL 33134
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04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0817646	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO AVENUE
SUITE 300
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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, 2004 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 ARAZOZA, CARLOS 2100 SALZEDO AVENUE, STE. 300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARAZOZA, CARLOS F 2100 SALZEDO AVENUE, STE. 300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ-FRAGA, ADELAIDA 2100 SALZEDO AVENUE, STE. 300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, JOSE 2100 SALZEDO AVENUE, STE. 300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHACON, MARIA 2100 SALZEDO AVENUE, STE. 300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000102674
04/05/04-80025-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

Carlos F. ARAZOZA

4/2/04

(305) 444-3223