

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 034 ***158.75

DOCUMENT # P98000023043

1. Entity Name

EAST WEST INVESTMENT CORPORATION UNLIMITED,
INC.



Principal Place of Business

6804 N. ARMENIA AVE
TAMPA FL 33604

Mailing Address

1214 ORTIZ AVE
FORT MYERS FL 33905



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

146 East Northshore Ave

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

N. Ft Myers FL

Zip

Country

Zip

33917

Country

US

4. FEI Number

59-3503128

Applied For

Not Applicable

5. Certificate of Status Desired

7

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATHOD, MOHAN R
1214 ORTIZ AVE.
FT MYERS FL 33905

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.

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, 2007 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

TITLE P ☐ Delete
NAME RATHOD, MOHAN R
STREET ADDRESS 146 E NORTHSHORE AVE
CITY - ST - ZIP FT MYER FL 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #