

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000057038

1. Entity Name
 WEST VIEW APARTMENTS, INC.



Principal Place of Business
 4225 W. 16 AVE.
 HIALEAH, FL 33012

Mailing Address
 4225 WEST 16 AVENUE
 HIALEAH, FL 33021



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0848872 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALVAREZ, SANTIAGO
 4225 WEST 16 AVENUE
 HIALEAH, FL 33021

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GARCIA, VIVIAN P 4225 WEST 16 AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, SANTIAGO J 4225 WEST 16 AVENUE HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

~~00000163676 A.H.~~
~~08/05/04 80006-012 150.75~~

00000163824
 08/10/04-80001-018 150.00

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)(b), 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 #