## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

## DOCUMENT # P98000071170

1. Entity Name

WESTRICH & ASSOCIATES, INC.



FILED
May 01, 2006 08:00 AN
Secretary of State

CR2E034 (11/05)

Principal Place of Business

Mailing Address

17500 S.W. 89TH COURT MIAMI, FL 33157 17500 S.W. 89TH COURT MIAMI, FL 33157



DO	NOT	WRITE	IN THI	S SPAC	<b>E</b>	4. FEI Nur

 4. FEI Number
 Applied For 85-0865020

 Not Applicable

5. Certificate of Status Desired See Required Fee Required

WESTRICH, WILLIAM 17500 SW 89 COURT MIAMI, FL 33157

## DO NOT WRITE IN THIS SPACE

No Chg-P

04252006

MIAWI, FL	33157		IN THIS SPACE				
	named entity submits this statement for the prions of registered agent.  Signature, typed or primed name of registered agent and title	trick		gistered agent, or bo	th, in the State of Florida. I am familiar with, and accep	ŧ	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00			\$5.00 May Be Added to Fees	100000556441 05/17/06-80009-017 150.00		
110. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD WESTRICH, WILLIAM H 17500 S.W. 89TH COURT MIAMI, FL 33157	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	: ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·.	
<b>12.</b> I hereby o	ertity that the information supplied with this file	ling does not qualify for the exe	imptions conf	ained in Chapter 119	), Florida Statutes. I further certify that the information		

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: William H WESTRICK 6/27/06 305 9715271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DEFECTOR

Date Date Date Designed Phone 5