2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

changed, or on an attac

SIGNATURE:

Aug 17, 2006 8:00 am Secretary of State DOCUMENT # P98000074648 08-17-2006 90003 005 ***550.00 1. Entity Name WESTGATE PLAZA, INC. نيذ Principal Place of Business Mailing Address JUUZ 3412 215 NORTH FEDERAL HIGHWAY 215 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 BOCA RATON, FL 33432 06052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0615870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATMASIAN, JAMES H DO NOT WRITE 215 NORTH FEDERAL HIGHWAY STE. 1 IN THIS SPACE BOCA RATON, FL 33432 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 (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE BATMASIAN, JAMES H NAME STREET ADDRESS 215 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 truffee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ddress, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

561-392 -8920

Daytime Phone #