## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000074648** 1. Entity Name WESTGATE PLAZA, INC. 2008 MAR 27 AM 8: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 215 NORTH FEDERAL HIGHWAY 215 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 BOCA RATON, FL 33432 CR2E034 (11/05) 03182008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0615870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PΩ TITLE BATMASIAN, JAMES H NAME STREET ADDRESS 215 NORTH FEDERAL HIGHWAY 000121428650 03/27/08--01007--024 \*\*2048.75 BOCA RATON, FL 33432 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the informindicated on this report or sure of the corporation or the rece changed, or on an attachment upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ntal 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered. SIGNATURE: D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone #

FILED

3/2700