

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093326

FILED
Mar 13, 2005
Secretary of State

Entity Name: FAM-WEST WAREHOUSE CORP.

Current Principal Place of Business:

3750 NW 114 AVE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

188 ISLA DORADA BLVD.
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0873029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIBLER, LAWRENCE S
28 W. FLAGLER STREET 11TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

PONCE, ANOLAN
188 ISLA DORADA BLVD
CORAL GABLES, FL 33143 US

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.

SIGNATURE: ANOLAN PONCE

03/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PONCE, ANOLAN
Address: 188 ISLA DORADA BLVD.
City-St-Zip: CORAL GABLES, FL 33143

Title: S () Delete
Name: PADRON, MELISSA A
Address: 188 ISLA DORADA BLVD
City-St-Zip: CORAL GABLES, FL 33143

Title: T () Delete
Name: PADRON, ERIC C
Address: 188 ISLA DORADA BLVD
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANOLAN PONCE

PD

03/13/2005

Electronic Signature of Signing Officer or Director

Date