



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000041966 1. Entity Name WEST MARKET CORP.						FILED 05 MAR 28 PM 2:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 7380 W. 20TH AVENUE, #101 HIALEAH, FL 33016				Mailing Address 7380 W. 20TH AVENUE, #101 HIALEAH, FL 33016			
2. Principal Place of Business		3. Mailing Address		03242005 Chg-P CR2E034 (10/03)		4. FEI Number 65-0920132	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROSARIO, JUAN 7380 WEST 20TH AVE. HIALEAH, FL 33016				Name MIRTA LOPEZ Street Address (P.O. Box Number is Not Acceptable) 7380 W 20TH AVE SUITE 101 City HIALEAH FL Zip Code 33016			
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 <u>Marta Lopez</u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSARIO, JUAN 7380 WEST 20TH AVE. HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP-PPS-T MIRTA LOPEZ 7380 W 20TH AVE SUITE 101 HIALEAH, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROSARIO, VANESSA 7380 W. 20TH AVE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700050509537 04/12/05--01007--013 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Marta Lopez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____							