

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042771

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: WEST SUNSET INSURANCE, INC.

**Current Principal Place of Business:**

9425 SUNSET DRIVE, SUITE #237  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9425 SUNSET DRIVE, SUITE #237  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0917538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FACENDA, MARIA  
15263 SW 35 TERR  
MIAMI, FL 33185 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: TORO, LILIANA  
Address: 19907 N.W. 67TH CIRCLE COURT  
City-St-Zip: MIAMI, FL 33015

Title: P ( ) Delete  
Name: FACENDA, MARIA  
Address: 15263 SW 35 TERR  
City-St-Zip: MIAMI, FL 33185

Title: VP ( ) Delete  
Name: TORO, LILIANA  
Address: 19907 N.W. 67TH CIRCLE COURT  
City-St-Zip: MIAMI, FL 33015

**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 Chapter 119, 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: MARIA FACENDA

PRES

07/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date