


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P99000065080</b><br>1. Entity Name<br>WEST COAST MODELING CONCEPTS, INC |  |
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|---|---|
| Principal Place of Business<br>4550 NW 18 AVE, SUITE 106<br>POMPANO BEACH, FL 33064 | Mailing Address<br>4550 NW 18 AVE, SUITE 106<br>POMPANO BEACH, FL 33064 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

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| 6. Name and Address of Current Registered Agent<br><br>MILES, HARVEY F<br>4550 NW 18 AVE, SUITE 106<br>POMPANO BEACH, FL 33064 |
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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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 000000124533<br>114/22/114-80048-015 158.75 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>HILL, JOHN L<br>4550 NW 18 AVE, SUITE 106<br>POMPANO BEACH, FL 33064     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>MILES, HARVEY F<br>4550 NW 18 AVE, SUITE 106<br>POMPANO BEACH, FL 33064 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Harvey F. Miles **HARVEY F. MILES** 4-15-04 954 781-7851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #