

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 008 ***150.00

DOCUMENT # P99000090114

1. Entity Name
WEST CITY ONE FINANCIAL PLAZA, INC.



Principal Place of Business
150 E PALMETTO PARK ROAD #401
BOCA RATON, FL 33432

Mailing Address
150 E PALMETTO PARK ROAD #401
BOCA RATON, FL 33432

14003593



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0962462

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMIGRAN, KENNETH H
150 E PALMETTO PARK ROAD #401
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMIGRAN, KENNETH H 150 E PALMETTO PARK ROAD #401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE NOTE OUR NEW ADDRESS:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 (561) 394-7400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P 5157 ch #1007