


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000098116</b> 1. Entity Name <b>WESTREICH CORPORATION</b>	
--	---

Principal Place of Business <b>9999 COLLINS AVENUE 17K BAL HARBOUR, FL 33154</b>	Mailing Address <b>9999 COLLINS AVENUE 17K BAL HARBOUR, FL 33154</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0960879</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**CUMMINGS, PAUL M  
1428 BRICKELL AVE., 4TH FLOOR  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

9. 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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTREICH, HELENE 9999 COLLINS AVE #17K BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, GAIL M 716 CALUSA TRAIL FRANKLIN LAKES, NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DIANE L 176 E. 77TH STREET #16J NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, WILLIAM F 1010 FIFTH AVE NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000485282  
04/12/06-80078-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Heleene Westreich 3/22/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Guyton Phone #