

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000098116

1. Entity Name
WESTREICH CORPORATION



Principal Place of Business
9999 COLLINS AVENUE 17K
BAL HARBOUR, FL 33154

Mailing Address
9999 COLLINS AVENUE 17K
BAL HARBOUR, FL 33154



07122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

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	

000000770264
07/24/07-80009-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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* *Heleene Westreich* 7/19/07 760-431-2268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #