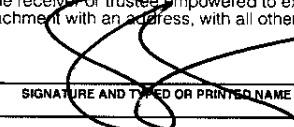


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S07151 1. Entity Name WEST COAST EMPLOYERS ASSOCIATION, INC.						FILED 04 AUG -6 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5005 W. LAUREL ST. STE 206 TAMPA, FL 33607 US				Mailing Address 5005 W. LAUREL ST. STE 206 TAMPA, FL 33607 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip				City & State Zip			
4. FEI Number 59-2589950				Applied For Not Applicable			
5. Certificate of Status Desired				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, FELICIA 5005 W. LAUREL ST. STE 206 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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)			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME SUAREZ-SOLAR, EDUARDO A. STREET ADDRESS 600 N. WESTSHORE BLVD, SUITE 201 CITY-ST-ZIP TAMPA, FL 33609				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE T NAME ROSENWASSER, MARC STREET ADDRESS 4606 PLAYERS COURT CITY-ST-ZIP TAMPA, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VP NAME 'CHARLSON, STUART STREET ADDRESS 6711 TANGLEWOOD DR. N.E. CITY-ST-ZIP ST PETERSBURG, FL 33702				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 8-03-04			