

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90122 011 ***150.00

DOCUMENT # S41309

Entity Name

WESTLAND INVESTMENT CORPORATION



Principal Place of Business

15519 MIAMI LAKES WAY NORTH, #106
MIAMI LAKES FL 33014
US

Mailing Address

15519 MIAMI LAKES WAY NORTH, #106
SUITE #224
MIAMI LAKES FL 33014
US



2. Principal Place of Business

2899 COLLINS AVE

Suite, Apt. #, etc.

APT. # 703

City & State

Miami Beach

Zip

33140

Country

Dade

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0318332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALACIO, PABLO A

~~15519 MIAMI LAKES WAY NORTH, #106~~
~~MIAMI LAKES FL 33014~~

7. Name and Address of New Registered Agent

Name

PALACIO, PABLO A.

Street Address (P.O. Box Number is Not Acceptable)

2899 COLLINS AVE # 703

City

Miami Beach

FL

Zip Code

33140

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PD
STREET ADDRESS PALACIO, PABLO A.
CITY-ST-ZIP 15519 MIAMI LAKES WAY NORTH, #106
MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME VSD
STREET ADDRESS PALACIO, PABLO
CITY-ST-ZIP P.O. BOX 126277
HIALEAH FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME PD. PALACIO PABLO A.
STREET ADDRESS 2899 COLLINS AVE # 703
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06. = 305-903-7347

Date

Daytime Phone #