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# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # V61850**  
 1. Entity Name  
**WEST TAMIAMI ACRES, INC.**



FILED  
 07 MAY 18 PM 12:16  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**2665 S. BAYSHORE DRIVE**      **2665 S. BAYSHORE DRIVE**  
**SUITE 703**      **SUITE 703**  
**MIAMI, FL 33133**      **MIAMI, FL 33133**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02142007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**65-0388388**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**WORLD CORPORATE SERVICES, INC.**  
**2665 S. BAYSHORE DRIVE**  
**SUITE 703**  
**MIAMI, FL 33133**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2007 Fee will be \$550.00**

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      **D**       Delete  
 NAME      **RODRIGUEZ, RITA**  
 STREET ADDRESS      **2665 S. BAYSHORE DRIVE, #703**  
 CITY-ST-ZIP      **MIAMI, FL 33133**

TITLE       Change       Addition  
 NAME      **400103895144**  
 STREET ADDRESS      **06/05/07--01015--004**      **\*\*700.00**  
 CITY-ST-ZIP

TITLE      **D**       Delete  
 NAME      **RODRIGUEZ, JUAN PABLO**  
 STREET ADDRESS      **2665 S. BAYSHORE DRIVE, #703**  
 CITY-ST-ZIP      **MIAMI, FL 33133**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
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 CITY-ST-ZIP

TITLE       Change       Addition  
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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 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: *Timothy D. Richards*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07      (305) 858-9900

Date      Daytime Phone #