


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90072 044 ****61.25

DOCUMENT # N95000000519							
1. Entity Name 9900 WEST CORPORATION, INC.							
Principal Place of Business 9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		Mailing Address 9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01052006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0666676 <input type="checkbox"/> Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SANTANA, FRANCIS X 28 WEST FLAGLER ST. SUITE 500 MIAMI, FL 33130			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 _____ (NOTE: Registered Agent signature required when reestablishing) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEGRAND, YATHA		NAME				
STREET ADDRESS	9900 W BAYHARBOR DR., APT 6		STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOUR ISLANDS, FL 33154		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RODRIGUEZ, ANNIE		NAME				
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 3		STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP				
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LASKY, DAVID		NAME	DL			
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 1		STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TURNER, JEFFREY C		NAME	DT			
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 2		STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PORTELA, JOSEPH		NAME				
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 4		STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SANTANA, FRANCIS X		NAME				
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 5		STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		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 617, 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: <i>David Lasky</i>		DAVID LASKY		01/05/06 (305) 964-9864			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							