


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N95000000519 1. Entity Name 9900 WEST CORPORATION, INC.	
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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
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02102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0666676	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

SANTANA, FRANCIS X
 28 WEST FLAGLER ST.
 SUITE 500
 MIAMI, FL 33130

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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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGRAND, YATHA 9900 W BAYHARBOR DR., APT 6 BAY HARBOUR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ANNIE 9900 WEST BAY HARBOR DRIVE APT 3 BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASKY, DAVID 9900 WEST BAY HARBOR DRIVE APT 1 BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TURNER, JEFFREY C 9900 WEST BAY HARBOR DRIVE APT 2 BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTELA, JOSEPH 9900 WEST BAY HARBOR DRIVE APT 4 BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, FRANCIS X 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND, FL 33154

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 03/18/08-80033-011 61.25

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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: David Lasky DAVID LASKY - PRESIDENT 02/28/08 305-364-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #