# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F87164

1. Entity Name
TRADEWINDS INVESTMENTS, INC.

FILED
08 MAY 16 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 13001 SOUTHWEST 28TH PLACE<br>DAVIE, FL 33330 US | 13001 SOUTHWEST 28TH PLACE<br>DAVIE, FL 33330 US |

01302008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2199589
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FONSECA, CLARA A
13001 SOUTHWEST 28TH PLACE
DAVIE, FL 33330

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DPT |
| NAME | FONSECA, CLARA A |
| STREET ADDRESS | 13001 SOUTHWEST 28TH PLACE |
| CITY-ST-ZIP | DAVIE, FL 33330 |
| TITLE | SD |
| NAME | FONSECA, ELAINE |
| STREET ADDRESS | 13001 SOUTHWEST 28TH PLACE |
| CITY-ST-ZIP | DAVIE, FL 33330 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

03/27/08 90044 001 #150.00

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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 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:** _____ 3-21-08 305-790-9713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS