

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F87164 1. Entity Name TRADEWINDS INVESTMENTS, INC.	
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Principal Place of Business 13001 SOUTHWEST 28TH PLACE DAVIE, FL 33330 US	Mailing Address 13001 SOUTHWEST 28TH PLACE DAVIE, FL 33330 US
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DO NOT WRITE IN THIS SPACE

FILED

08 MAY 16 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2199589	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

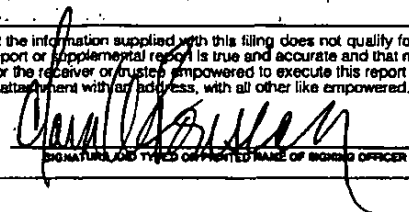
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FONSECA, CLARA A 13001 SOUTHWEST 28TH PLACE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FONSECA, ELAINE 13001 SOUTHWEST 28TH PLACE DAVIE, FL 33330
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

03/27/08 90044 001 \$150.00

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IN THIS SPACE

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 REGISTERED OFFICER OR DIRECTOR Date Daytime Phone

KS