


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000039512 1. Entity Name 3526 WYNDWOOD CORP.		
Principal Place of Business 3526 N MIAMI AVE MIAMI, FL 33127	Mailing Address 3526 N MIAMI AVE MIAMI, FL 33127	



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2667478	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

**DO NOT WRITE
IN THIS SPACE**

TRAGASH, TODD B
3526 N MIAMI AVE
MIAMI, FL 33127

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

TITLE	PT
NAME	TRAGASH, C. ISABEL
STREET ADDRESS	3526 N MIAMI AVE
CITY - ST - ZIP	MIAMI, FL 33127
TITLE	VS
NAME	TRAGASH, TODD B
STREET ADDRESS	3526 N MIAMI AVE
CITY - ST - ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/19/07-80029-016 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Isabel Tragash

Date

2/6/07

Daytime Phone #

305-571-1811