FOR PROF OPPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

628699

TRADE WINDS INTERNATIONAL INC.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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3. Mailing Address 2305 PARKSIDA PL

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	Applied For
INDIAN HAR	BORBCH PL	. Fullion Han	BOR BCH. FL.	159-2132576	Not Applicable
32937	Country USA	32937	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
The first and the first throughout the	国的 "夏之","",""。""。""。		Section 1	7. Name and Address of Current Registe	red Agent
	DOMOT		Name		
	DO NOT	VKIIIE E	ABROMENT ABOUT A MARKET ARK	UTALES Number is Not-Acceptable)	

IN THIS SPACE

INDIAN KARBOR BCH, FL 32937

City

FL

Zip Code

the obligations of registered agent.	В.	The above named entity submits this statemen	it for the purp	pose of a	changing its registere	d office or registered	agent, or both,	in the State of Florida.	I am familiar with,	and accept
		the obligations of registered agent.	/		•					

TITLE

NAME

SIGNATURE

NAME

TITLE

NAME

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NAME STREET ADDRESS

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

January 1 - May 1 Fee is \$1,00.00

(NOTE: Registered Agent signature required when reinstating)

<u>3-/3-03</u>

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

After May 1, Fee is \$550,00 Amended UBR is \$61,25 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10.

PRES IDANT TITLE NAME STREET ADDRESS BeH, FL. CITY-ST-ZIP PRESIDENT TITLE

> T. KOUJALES 2305 PARKSIDE PL INDIAN HARBOR BCH, FL 32937

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CITY-ST-ZIP

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Trust Fund Contribution.

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like

SIGNATURE: <

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03 Date

321.863-5465

CR2E034B (12/02)