


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90018 008 ****61.25

DOCUMENT # 722128			
1. Entity Name WINDWARD INC.			
Principal Place of Business 1225 N.E. 124ST MIAMI FL 33161 US		Mailing Address 1225 N.E. 124ST MIAMI FL 33161 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2444854		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOY, SEAN 1225 NE 124 ST #33A NORTH MIAMI FL 33161		7. Name and Address of New Registered Agent Name: Sam Motro Street Address (P.O. Box Number is Not Acceptable): 1225 NE 124 ST. #42A City: North Miami, FL FL Zip Code: 33161	
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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: Samuel Motro DATE: 4/2/07
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MOY, SEAN STREET ADDRESS: 18380 NE 22 AVE CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete		TITLE: D NAME: Moy, Sean STREET ADDRESS: 1225 NE 124 ST. #46B CITY-ST-ZIP: North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V NAME: MOTRO, SAMUEL STREET ADDRESS: 1225 N.E. 124 ST, #42A CITY-ST-ZIP: NORTH MIAMI FL 33161 <input type="checkbox"/> Delete		TITLE: P NAME: motro, samuel STREET ADDRESS: 1225 NE 124 ST. #42A CITY-ST-ZIP: North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: CAMPI, CAROL STREET ADDRESS: 12807 SW 91 CT CITY-ST-ZIP: MIAMI FL 33176 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: Lily Berherra STREET ADDRESS: 20301 W. Country Club Dr. #1407 CITY-ST-ZIP: Aventura, FL 33180 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: Evelio Rosell STREET ADDRESS: 12807 SW 91 ct. CITY-ST-ZIP: miami, FL 33176 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Samuel Motro DATE: 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR