

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90082 021 ***150.00

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1. Entity Name
TRADE-WINDS ENVIRONMENTAL RESTORATION, INC.



Principal Place of Business
**100 SWEENEYDALE AVE.
BAY SHORE, NY 11706**

Mailing Address
**100 SWEENEYDALE AVE.
BAY SHORE, NY 11706**

40038456



2. Principal Place of Business - No P.O. Box #

895 Waverly Avenue

3. Mailing Address

895 Waverly Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007

Chg-P

CR2E034 (12/06)

City & State

Holtsville NY

City & State

Holtsville NY

4. FEI Number

11-3193197

Applied For

Not Applicable

Zip

11742

Country

USA

Zip

11742

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC
CORPORATE CENTER 3 @ INTERNATIONAL PLAZA
4221 WEST BOY SCOUT WAY
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 PS
NAME O'REILLY, MICHAEL ☐ Delete
STREET ADDRESS 100 SWEENEYDALE AVE.
CITY-ST-ZIP BAY SHORE, NY 11706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ Addition
NAME O'REILLY, MICHAEL
STREET ADDRESS 895 Waverly Avenue
CITY-ST-ZIP Holtsville NY 11742

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3-15-07

Date

631-289-5500

Daytime Phone #