


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

04-12-2005 90126 024 ***150.00

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

66016112



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2199589	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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**DO NOT WRITE
IN THIS SPACE**

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 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: <u>CLARA A. FONSECA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>5/6/05</u>	Daytime Phone #: <u>305-790-9713</u>
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CLARA A. FONSECA