


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90009 017 ***150.00

DOCUMENT # G71670 1. Entity Name WARM WINDS, INC.			
Principal Place of Business 3001 E OAKLAND PARK BOULEVARD SUITE 101 OAKLAND PARK, FL 33306-8817		Mailing Address 3001 E OAKLAND PARK BOULEVARD SUITE 101 OAKLAND PARK, FL 33306-8817	
2. Principal Place of Business <i>One E Commercial Blvd</i>		3. Mailing Address <i>"Same as 2"</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lauderdale By The Sea</i>		City & State	
Zip <i>FL 33308</i>		Country <i>USA</i>	
4. FEI Number 59-2418849		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 BECK, PETER 3001 E OAKLAND PARK BLVD OAKLAND PARK, FL 33306-8817		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BECK, PETER 3001 E OAKLAND PARK BLVD OAKLAND PARK, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	one E Commercial Blvd Lauderdale By The Sea FL 33308	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>x Peter Beck President</i>		Date: <i>5-27-04</i> Daytime Phone #: <i>954 566-2804</i>	