


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90196 017 ***150.00

DOCUMENT # K76296 1. Entity Name EASTWIND HOLDINGS, INC.	
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DO NOT WRITE IN THIS SPACE

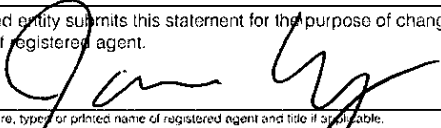
10062103

2. Principal Place of Business 701 Brickell Avenue		3. Mailing Address 701 Brickell Avenue	
Suite, Apt. #, etc. Suite 1650		Suite, Apt. #, etc. Suite 1650	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country U.S.A.	Zip 33131	Country U.S.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0118972		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name James M. Meyer, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue			
Suite 1650			
City Miami		FL	Zip Code 33131

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.

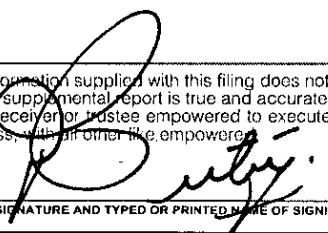
SIGNATURE:  DATE: **4/7/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	STDV Gutierrez, Dionisio 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gutierrez, Esperanza 701 Brickell Avenue, Suite 1650 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with or without like empowerment.

SIGNATURE:  MARCH, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)