2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L05901

1. Entity Name

THE WINSTON GROUP, INC.

Principal Place of Business	Mailing Address
3974 UTOPIA CT MIAMI, FL 33133 US	3974 UTOPIA CT MIAMI, FL 33133 US

DO NOT WRITE IN THIS SPACE

01232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0146525	Not Applicable

5. Certificate of Status Desired   ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINSTON, JACK
3974 UTOPIA CT
MIAMI, FL 33133

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_____

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

U00000625100
02/14/07-80061-023 158.75

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WINSTON, JACK
STREET ADDRESS	3974 UTOPIA CT
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   2|4|07   305-443 0727

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