


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90035 036 \*\*\*150.00

<b>DOCUMENT # L90344</b>	
1. Entity Name <b>STORMY WEATHER, INC.</b>	

Principal Place of Business 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131 US	Mailing Address 100 S.E. 2ND STREET 17TH FLOOR/JHF MIAMI, FL 33131 US
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20027981



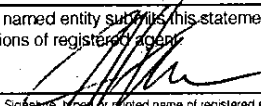
2. Principal Place of Business John H. Friedhoff Fowler White Burnett P.A. 1395 Brickell Avenue Fourteenth Floor Miami, Florida 33131-3302	3. Mailing Address John H. Friedhoff Fowler White Burnett P.A. 1395 Brickell Avenue Fourteenth Floor Miami, Florida 33131-3302
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02222005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0209085	Applied For <input type="checkbox"/> Not Applicable
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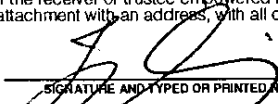
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEDHOFF, JOHN H. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name John H. Friedhoff Street Address Fowler White Burnett P.A. 1395 Brickell Avenue Fourteenth Floor City Miami, Florida 33131-3302	
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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 2/22/05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CELIDONIO, JOSE HUGO <del>100 S.E. 2ND STREET, 17TH FLOOR</del> <del>MIAMI, FL 33131</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1395 Brickell Avenue, 14th Floor miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT DA COSTA, MARIA S <del>100 S.E. 2ND STREET, 17TH FLOOR</del> <del>MIAMI, FL 33131</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1395 Brickell Avenue, 14th Floor miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRIEDHOFF, JOHN H <del>100 S.E. 2ND STREET, 17TH FLOOR</del> <del>MIAMI, FL 33131</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1395 Brickell Avenue, 14th Floor miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	DATE 2/22/05