

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M47444

FILED
Feb 19, 2004
Secretary of State

Entity Name: WINCORP INTERNATIONAL, INC.

Current Principal Place of Business:

10025 NW 116 WAY
SUITE 14
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

10025 NW 116 WAY
SUITE 14
MEDLEY, FL 33178

New Mailing Address:

FEI Number: 59-2788629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, PAUL A.
16160 NW 9 DR.
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEVY, ROBERT EARL,
Address: 15 HOPE RD.
City-St-Zip: KINGSTON 10, JAMAICA,

Title: DVT () Delete
Name: HEADLEY, LEON
Address: 15 HOPE RD.
City-St-Zip: KINGSTON 10, JAMAICA,

Title: DS () Delete
Name: LEVY, PAUL
Address: 10025 NW 116 WY # 14
City-St-Zip: MEDLEY, FL 33178

Title: D () Delete
Name: LEVY, CHRISTOPHER
Address: 15 HOPE RD
City-St-Zip: KINGSTON 10, JA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LEVY

DS

02/19/2004

Electronic Signature of Signing Officer or Director

Date