2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

Source S	1. Entity Nam	MENT # N01000001			03-13-2008 90042 028 ****70.00
Suite, Apt. #, etc Suite, Apt. #, etc D1212008 Chg.NP CR2E037 (12/05) City & State City & State City & State A. FEI Number 65-1068652 A. FEI	8730 S.W. 43 TERRACE 873		8730 S.W. 43 TERRACE		
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address		THE WIND BY BEING HOW BEIN BEIN BEIN BEIN BEIN BEING HEN BEINE HERBEN BY LEE
The above named entity such tis the statement for the purcose of charging its registered agent. SIERRA, JOSE A Due by May 1, 2008 FILING Fee S 861-25 Due by May 1, 2008 THE DUE SIERRA DES AND DIRECTORS IN 10 Debte Chiral Page Sierra Agent Debte Chiral Page Sierra Agent Debte Name Sierra Agent Sierra	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008 Chg-NP CR2E037 (12/06)
Sierral Address of Current Registered Agent Sierral Address of New Registered Agent Sierral Address (P.O. Box Number is Not Acceptable)	City & State		City & State		RE 1000000
SIERRA JOSE A 8730 S.W. 43 TERRACE MIAMI, FL 33165 20 City City City FL 20 Cool Flighting Seep at private ineer or inquirent legert seed to fine in the case at large and case at larg	Zip	Country	Zip	Country ·	5. Certificate of Status Desired \$8.75 Additional Fee Required
SIERRA, JOSE A 8730 S.W. 43 TERRACE MIAMI, FL 33165 Election Company or Finance of Price of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Filling Fee is \$61.25 Due by May 1, 2008 Filling Fe		6. Name and Address of Current Re	istered Agent		7. Name and Address of New Registered Agent
SIGNATURE 8. The above named entity submits this statement for the purches of changing its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Popular	SIERRA	IOSE A		Name	
A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent. SiGNATURE	8730 S.W. 43 TERRACE			Street Address	s (P.O. Box Number is Not Acceptable)
SIGNATURE Signature, typed or printed remot inequatered agent and bits if applicable. (NOTE: Registered Agent speakore recorded when reinstalling) DATE				City	FL Zip Code
Trust Fund Contribution. Added to Fees Figrida Disparament of State 10. OFFICERS AND DIRECTORS	SIGNATURE .	Signature, typed or printed name of registered agent and	_ _		
TITLE NAME SIERRA, JOSE A STRET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 Delete TITLE NAME SIERRA, BARBARA C STRET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 Delete TITLE NAME SIERRA, CARMELINA SIERRA, CA		_	9. Election Camp	sidn Einancind	
NAME SIERRA, JOSE A 8730 S.W. 43 TERRACE STRET ADDRESS GITY-ST-ZIP TITLE DV SIERRA, BARBARA C STRET ADDRESS GITY-ST-ZIP TITLE DST SIERRA, CARMELINA SIERRACE MIAMI, FL 33165 TITLE NAME SIERRA, CARMELINA SIERRACE MIAMI, FL 33176 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIERRA CARMELINA SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP		Due by May 1, 2008			Added to Fees Florida Department of State
STREET ADDRESS CITY-ST-ZIP DV SIERRA, BARBARA C STREET ADDRESS CITY-ST-ZIP TITLE NAME SIERRA, CARMELINA SIERRA, CARMELINA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND DIREC	Trust Fund Cor	ntribution.	Added to Fees Florida Department of State
CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP	TITLE	OFFICERS AND DIRECT	Trust Fund Cor	11.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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12. Increby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered.

SIGNATURE: Josephen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

68/ (786)897-3173