2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# N48338

Entity Name: TRADEWINDS FARM HANDS, INC.

Current Principal Place of Business:

3600 W. SAMPLE RD
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

3600 W. SAMPLE RD.
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 65-0323483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WROBLEWSKI, CAROL
5340 N. W. 32 CT.
MARGATE, FL 33060 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

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	WROBLEWSKI, CAROL	
Address:	5340 N.W. 32 CT	
City-St-Zip:	MARGATE, FL	
Title:	PD	( ) Delete
Name:	ESTEP, BETTE,	
Address:	4431 NW 19TH ST	
City-St-Zip:	OAKLAND PARK, FL	
Title:	SD	( ) Delete
Name:	GREGOIRE, NANCY W,	
Address:	4166 NW 65 AVE	
City-St-Zip:	CORAL SPRINGS, FL	
Title:	V	( ) Delete
Name:	PATRUS, KATHY	
Address:	2554 SW 30TH AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	V	(X) Delete
Name:	SNYDER, SHEILA	
Address:	4901 N E 2ND WAY	
City-St-Zip:	POMPANO BEACH, FL 33064	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WROBLEWSKI TD 01/27/2005

Electronic Signature of Signing Officer or Director Date