

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48338

FILED  
Feb 25, 2007  
Secretary of State

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 (X)

**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:**

WROBLEWSKI, CAROL  
5340 N. W. 32 CT.  
MARGATE, FL 33063 US

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: CAROL A WROBLEWSKI

02/25/2007

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

**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 Chapter 119, 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 A WROBLEWSKI

TD

02/25/2007

Electronic Signature of Signing Officer or Director

Date