## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

-17-2004 90006 005 \*\*\*150.00 P00000039303 DOCUMENT # P00000039303 FILED 1. Entity Name 04 OCT 18 PN 12: 07 FOUR WINDS INVESTMENT, INC. SECRETALY OF STATE Principal Place of Business Mailing Address TALLAHASSIA 4 U 0 5 6 5 1 422 SW 11TH ST 422 SW 11TH ST HALLANDALE FL 33009-6948 HALLANDALE FL 33009-6948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-1016057 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACOSTA, JORGE E Street Address (P.O. Box Number is Not Acceptable) 20162 W. DIXIE HWY. NORTH MIAMI FL 33180-1917 Zip Code 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 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$.607,193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 8, 2004 tate fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ACOSTA, JÒRGE E NAME NAME 20162 W. DIXIE HWY. STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33180-1917 CITY-ST-ZIP CITY - ST- ZIP ☐ Defete TOTAL TITLE Change ■ Addition ACOSTA, GLORIA P NAME NAME 20162 W. DIXIE HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33180-1917 CITY - ST-ZIP TITLE ☐ Delete TITLE Change □ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Detete TM F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-29P CITY-ST-ZIP 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 optional production of the corporation of the corporation or the receiver or trustee empowered.

Daytime Phone 8

OM : CAR FAMILY KIDS BEAUTY SALON FAX NO. :9544545894 Oct. 21 2004 12:10PM P1 Four Winds Investment, Isc. 422 5W 11 SF lef # P000000 39303 Hallandale, 21. 33009-6948 10/01/04. hom It may concern; noe to your letter on