2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000019486

Entity Name: WINDTRAIL, INC.

Apr 22, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2501 SOUTH OCEAND RIVE #L20 2501 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019

SUITE L-20

HOLLYWOOD, FL 33019

Current Mailing Address: New Mailing Address:

2501 SOUTH OCEAND RIVE #L20 2501 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019 SUITE L-20

HOLLYWOOD, FL 33019

FEI Number: 65-1076487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MALPICA, LYDA ALVAREZ, CARLOS 2501 S. OĆEAN DRIVE 1420 NORTH 70TH AVENUE HOLLYWOOD, FL 33024 SUITE L-20

HOLLYWOOD, FL 33019 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: CARLOS ALVAREZ 04/22/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ALVAREZ, CARLOS ALVAREZ, CARLOS Name: Name:

2501 SOUTH OCEAND RIVE #L20 2501 SOUTH OCEAN DRIVE SUITE L-20 Address: Address:

City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: HOLLYWOOD, FL 33019

Title: VD (X) Delete Title: () Change () Addition

Name: TEN. SALVADOR Name: 2501 SOUTH OCEAND RIVE #L20 Address: Address: HOLLYWOOD, FL 33019 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

MALPICA, LYDA Name: Name: 1420 NORTH 70TH AVENUE Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 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: CARLOS ALVAREZ PD 04/22/2002