


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90198 044 \*\*\*158.75

**DOCUMENT # P01000034359**

1. Entity Name  
**WYNWOOD INVESTMENT GROUP INC.**



Principal Place of Business  
 1840 SW 22ND STREET  
 SUITE 102  
 CORAL GABLES, FL 33145

Mailing Address  
 PO BOX 01-5973  
 MIAMI, FL 33101

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 1840 SW 22nd Street  
 Suite, Apt. #, etc.  
 Suite 102

City & State  
 Coral Gables, Florida

Zip  
 33145

Country  
 Dade

05112005 Chg-P CR2ED34 (10/03)

4. FEI Number  
 65-1104435

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALENZUELA, MARIANO 10221 SW 88 AVE MIAMI, FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees** in accordance with s. 607, 193(2)(b), F.S., the corporation did not receive this prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALENZUELA, MARIANO 10221 SW 88 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORELLANA, JORGE 945 N.W. 32ND AVENUE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Orellana, Jorge 910 LUJO AVE CORAL GABLES, Florida 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 address, with all other like empowered.

SIGNATURE:  **May 10, 2005** 305 856-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR