

FILED  
Jun 27, 2003 8:00 am  
Secretary of State

06-27-2003 90049 009 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                         |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P01000064961</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| 1. Entity Name<br><b>INDIAN WIND, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                         |         |
| Principal Place of Business<br>11373 NW 52ND LANE<br>MIAMI, FL 33178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | Mailing Address<br>11373 NW 52ND LANE<br>MIAMI, FL 33178                                                                                |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | 3. Mailing Address                                                                                                                      |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | Suite, Apt. #, etc.                                                                                                                     |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | City & State                                                                                                                            |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                       | Zip                                                                                                                                     | Country |
| 4. FEI Number<br><b>65-1123495</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | Applied For<br>Not Applicable                                                                                                           |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | \$8.75 Additional<br>Fee Required                                                                                                       |         |
| 6. Name and Address of Current Registered Agent<br><b>MAZZA-MARTINEZ, TANIA A<br/>782 NW 42ND AVE., SUITE 637<br/>MIAMI, FL 33128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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.<br>SIGNATURE _____ DATE _____<br><small>Signature: typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when appropriate)</small>                                                                                                                                                                                                                           |                               |                                                                                                                                         |         |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | \$5.00 May Be<br>Added to Fees                                                                                                          |         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P                             | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SANTAMARIA, MARIAELENA</b> |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>8327 NW 64TH ST.</b>       |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>MIAMI, FL 33166</b>        |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D                             | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>LOPEZ, ROSA</b>            |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>8327 NW 64TH ST.</b>       |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>MIAMI, FL 33166</b>        |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                         |         |
| CITY-STATE-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 address, and all other like empowered. |                               |                                                                                                                                         |         |
| SIGNATURE: <i>Maria Elena Santamaria</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | 6-23-03 305 505 3569                                                                                                                    |         |
| Typed or Printed Name of Signing Officer or Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | Date Daytime Phone #                                                                                                                    |         |

0621004 (10/02)

Attachment

1040 8841

#F01000064961

11373 Nw 52<sup>nd</sup> lane  
Miami, Florida  
33178

## INDIAN WIND

June 23, 2003

Department of State  
Division of Corporations  
Tallahassee, FL

I received the UBR 2003 form by mail, which I completed and sent back with the regular \$150.00 fee on April the 20th. Recently, I verified with my bank that the check mailed for this matter has not cleared.

I called and informed Division of Corporations about this complication for which they confirmed not having received it. I was also told to resend the form with a new check of the \$150.00 regular fee attached along with a letter explaining what had happened.

Sincerely



Maria Elena Santamaria  
President