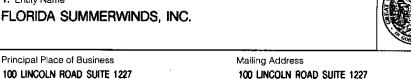
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000081910 **DOCUMENT #** 1. Entity Name

FLORIDA SUMMERWINDS, INC.



FILED

03 DEC 16 AH 8:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MIAMI BEACH	i FL 33141		MIAMI BEACH FL 33141										
2. Principal F	Place of Busin	ness	3. Mailing Address							eli john urh	<b>                                    </b>	EL LENGO IKANA RANA	ALCH ACH (CA)
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					EIN:	Z Ö V ÖHEC	/ ) / [ K HERE [	ZWAKIN	jo GCH <b>ANG</b> ES	
City & Stat	te		City & State				4	4. FEI Number 03-0434917				<del></del>	pplied For ot Applicable
Zip Country			Zip .		Country		5	5. Certific	cate of Status I	Desired		\$8.75 Ad Fee Require	ditional
Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent					
NAVEIRO, FERNANDO 100 LINCOLN ROAD SUITE 1227						Street Address (P.O. Box Number is Not Acceptable)							
MIAMI BEACH FL 33141						12/15/0301062007 **750.00							
						City					FI		
	named entity ions of regist	y submits this statement fo ered agent.	r the purpose of	of changing its re	egistered	office or regi	istered a	agent, or	both, in the St	ate of Flori	da. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable	(NOTE:	Registered A	gent signature rec	quired whe	n reinstating	)		DATE		
F After Sej Make Check				9.	Election Cam Trust Fund Co				0 May Be				
10.		OFFICERS AND	DIRECTORS		11.	•		ADDITIO	NS/CHANGES	TO OFFIC	ERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET AOORESS CITY-ST-ZIP	100 LINCO	FERNANDO DLN ROAD SUITE 1227 ACH FL 33141		Delete	TITLE NAME STREET CITY-ST	ADDRESS						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		_		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP						☐ Change	☐ Addition
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ITLE AME Treet address	. 18415.		]	Delete	TITLE NAME STREET	DORESS						☐ Change	☐ Addition

**SIGNATURE:** 

JRFERWAN 100 PNAUE1160

12. I hereby certify that the information supplies 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 supplies tental resort 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 by 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 will an address, with all other like empowered. 14/0/03

305 323 7268