2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093384

1. Entity Name
MARWIND CORPORATION

Principal Place of Business	Mailing Address
2701 S. BAYSHORE DRIVE SUITE 402 COCONUT GROVE, FL 33133 US	2701 S. BAYSHORE DRIVE SUITE 402 COCONUT GROVE, FL 33133 US

DO NOT WRITE IN THIS SPACE

04152005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1142679	Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JOSEPH B III
2701 S. BAYSHORE DRIVE
SUITE 402
COCONUT GROVE, FL 33133

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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 title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	ARROYAVE, WILLIAM
STREET ADDRESS	AVENIDA BOYACA #128 B-59, APTO 801
CITY-ST-ZIP	BOGOTA COLOMBIA, CO
TITLE	D
NAME	WOLFE, ELSA V
STREET ADDRESS	AVENIDA BOYACA #128 B-59 APTO 801
CITY-ST-ZIP	BOGOTA, COLOMBIA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80009-019 150.00

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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 with all other like empowered

SIGNATURE: _____   15-APR/05.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #