## FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 7

Wins Investments, Inc.

**FILED** Apr 23, 2002 8:00 am Secretary of State

04-23-2002 90321 002 \*\*\*150.00

DO NOT WRITE IN THIS SPACE		635399	
2. Principal Place of Business CO Leonardo D. Gravier CO Leonardo Suite, Apt. #, etc. 201 Al Nambra Circle Skg0, 201 Alham	,	00 NOT WRIT	E IN THIS SPACE
Coral bables FL Coral Gable Zip Country Zip	es FL Country	4. FEI Number 65-114 7086	Applied For Not Applicable  \$8.75 Additional
DO NOT WRITE IN THIS SPACE	Name Jose Street Address  Suite City Concord	· 7. 7. 4	Fee Required Registered Agent
SIGNATURE Separure, typed or prized name of reconcred agon part title if applicable. (NOTE:	registered office or register Registered Agent signature required ay 1 Fee is \$150.00	red agent, or both, in the State of Flor	
Jax filing requirement and elects to do so.  After May 1  (See criteria on back)  Amended	Fee is \$550.00 UBR is \$61.25 e to Department of Stat	10. Election Campaign Fina Trust Fund Contribution	
TITLE NAME CELICA Maria Remonda STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO ATHAMBICA CITCLE, SUILE 12 TO COTAL COTOLS, FL 33134.	TITLE , NAME STREET ADDRESS CHY-ST-ZIP		
DIVP.  NAME STREET ADDRESS CITY-ST-ZIP COROL DA MIGUEL REMODE STREET ADDRESS COROL DA MIGUEL SUITE 1270 COROL DA MIGUEL SUITE 1270 COROL DA MIGUEL SUITE 1270	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT V	WRITE
NAME STREET ADDRESS CITY-ST-ZIP  D, VP  Man'a na De Miguel Remonda  STO Alhambra Circle, Swill 1270  Cora Coables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS S	PACE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		4
TITLE NAMÉ STREET ADDRESS	TITLE NAME STREET ADDRESS		

13. 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

ČITY-ST-ZIP.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/0z