

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000101081

1. Entity Name

WINS INVESTMENTS INC.

Principal Place of Business c/o Jose A. Rodriguez, Esq.	Mailing Address c/o Jose A. Rodriguez, Esq.
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2. Principal Place of Business 100 SE 2nd Street	3. Mailing Address 100 SE 2nd Street
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Suite, Apt. #, etc. Suite 2900	Suite, Apt. #, etc. Suite 2900
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City & State Miami, FL	City & State Miami, FL
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Zip 33131	Country US	Zip 33131	Country US
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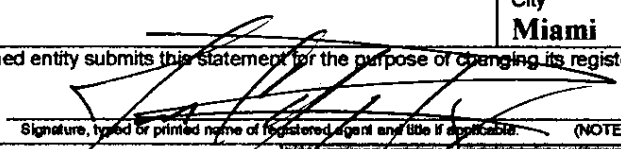
4. FEI Number 65-1147086	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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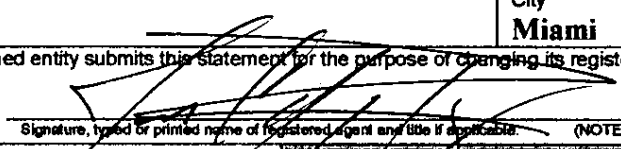
66010261

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and address of New Registered Agent
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Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)	Name Jose A. Rodriguez, Esq. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street Suite 2900 City Miami FL Zip 33131
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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.

SIGNATURE  DATE **4/11/05**

FEE IS \$150.00 DUE BY MAY 1, 2005		Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/ MEMBERS	10. ADDITIONS/ CHANGES
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<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"> DPT Remonda, Celia Maria 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134 </td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td> DSV Moyano, Francisco J 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134 </td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td> DV De Miguel Remonda, Mariana 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134 </td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td> VP De Miguel Remonda, Carolina 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134 </td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Remonda, Celia Maria 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	☐ Delete	DSV Moyano, Francisco J 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134		☐ Delete	DV De Miguel Remonda, Mariana 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134		☐ Delete	VP De Miguel Remonda, Carolina 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"> DPT Remonda, Celia Maria 100 SE 2nd Street, Suite 2900 Miami, FL 33131 </td> <td style="width: 20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td> DSV Moyano, Francisco J 100 SE 2nd Street, Suite 2900 Miami, FL 33131 </td> <td></td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td> DV De Miguel Remonda, Mariana 100 SE 2nd Street, Suite 2900 Miami, FL 33131 </td> <td></td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td> VP De Miguel Remonda, Carolina 100 SE 2nd Street, Suite 2900 Miami, FL 33131 </td> <td></td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Remonda, Celia Maria 100 SE 2nd Street, Suite 2900 Miami, FL 33131	☒ Change ☐ Addition	DSV Moyano, Francisco J 100 SE 2nd Street, Suite 2900 Miami, FL 33131		☒ Change ☐ Addition	DV De Miguel Remonda, Mariana 100 SE 2nd Street, Suite 2900 Miami, FL 33131		☒ Change ☐ Addition	VP De Miguel Remonda, Carolina 100 SE 2nd Street, Suite 2900 Miami, FL 33131		☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE 	Date 4-11-05 305.423.3426 Daytime Phone #
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE