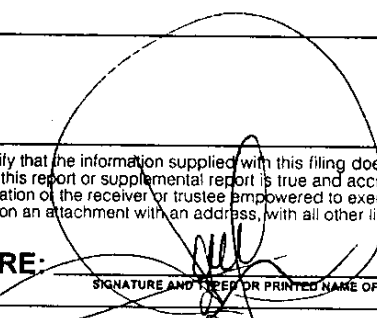


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90408 016 ***150.00

DOCUMENT # P02000024228					
1. Entity Name COLDWIND CORPORATION					
Principal Place of Business 12256 SW 131 AVE. MIAMI, FL 33186			Mailing Address 12256 SW 131 AVE. MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 8186 NW 31 ST.		3. Mailing Address 8186 NW 31 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Doral FL		City & State Doral, FL		4. FEI Number 52-2376372	
Zip 33122		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZARO, ENRIQUE 7575 W. FLAGLER ST.#200 MIAMI, FL 33144			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORDONI, RICARDO D 12256 SW 131 AVE. MIAMI, FL 33186		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAN ROMAN, CHRISTINA A 2256 SW 131 AVE MIAMI, FL 33186		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  RICARDO SORDONI DIRECTOR 04/11/07					
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					