2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE AND

SIGNATURE:

FILED Feb 09, 2005 08:00 AM DOCUMENT # P02000026441 **Secretary of State** 1. Entity Name WESTWIND, INC. Mailing Address Principal Place of Business 1550 MADRUGA AVE., STE. 120 CORAL GABLES FL 33146 1550 MADRUGA AVE., STE. 120 CORAL GABLES FL 33146 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FE! Number Applied For 75-1631113 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIVLIN, MARK L Street Address (P.O. Box Number is Not Acceptable) 1550 MADRUGA AVE., STE. 120 CORAL GABLES FL 33146 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPT** TITLE Change Addition TITLE Delete PARRISH, ANTHONY R JR NAME NAME 1617 TIGERTAIL AVE. STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-ZIP CITY-ST-ZIP DVS ☐ Change Addition TITLE Delete SILE 1100000221103 FERREIRO, JOHN NAME NAME 02/09/05-80019-002 150.00 STREET ADDRESS 329 PALERMO AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 7 - Y - S1 - ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-2IP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 leport 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

CER OR DIRECTOR