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## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000043064</b>			
1. Entity Name <b>BAY WINDS REALTY, INC.</b>			
Principal Place of Business <b>12036 QUILTING LANE BOCA RATON, FL 33428</b>		Mailing Address <b>12036 QUILTING LANE BOCA RATON, FL 33428</b>	
2. Principal Place of Business - No P.O. Box # <b>12036 QUILTING LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>12036 QUILTING LANE</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>	
Zip <b>33428</b>	Country <b>USA</b>	Zip <b>33428</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>RUBIO, KATHERINE M 12036 QUILTING LANE BOCA RATON, FL 33428</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D RUBIO, KATHERINE M 12036 QUILTING LANE BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RUBIO, KATHERINE 12036 QUILTING LANE BOCA RATON, FL 33428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Katherine M Rubio</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>KATHERINE RUBIO PRESIDENT</b> Date <b>3/7/08</b> Daytime Phone # <b>561-487-9975</b>	

FILED

08 MAR 20 PM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/02/06 80084 023 \$150.00



02012008 Chg-P CR2E034 (12/06)

4. FEI Number  
**04-3662273** Applied For  
Not Applicable

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

203/20

March 7, 2008

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Attn: Tina Cauley

Re: Bay Winds Realty, Inc.  
Doc #P02000043064

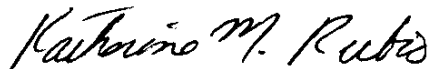
Dear Ms. Cauley,

Per your instructions, I am enclosing my 2008 Annual Corporate Report and requesting that the duplicate payment made in 2006 be applied to the current renewal.

Also, the pre-printed form is missing an "i" in the street address. It should read "Quilting". If it is at all possible for you to correct this, it would be greatly appreciated.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Katherine M. Rubio".

Katherine Rubio  
President