

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90237 007 ***158.75

DOCUMENT # P02000043557

1. Entity Name

WIND ENERGY, INC



Principal Place of Business

13250 SW 7TH COURT
L206
HOLLYWOOD FL 33027

Mailing Address

13250 SW 7TH COURT
L206
HOLLYWOOD FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0593150

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONAT, PIERRE
13250 SW 7TH CT #L206
HOLLYWOOD FL 33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 VPS ☐ Delete
NAME CORNELLE, YVES
STREET ADDRESS 1721 NORTH ANDREWS
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE Goimbert Emmanuel ☒ Change ☐ Addition
NAME 3820 NW 112 Terrace M.
STREET ADDRESS OPA LOCKA, FL 33055
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME GOUTHER, ANTOINE B E
STREET ADDRESS 262 NW 54 STREET
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPA ☒ Delete
NAME DARACAUT, ANTONIO
STREET ADDRESS 111 NW 32ND AVE
CITY-ST-ZIP OPA LOCKA FL 33056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME GOINBERT, EMMANUEL
STREET ADDRESS 3820 NW 112 TERRACE
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☐ Delete
NAME HORAT, WILLY
STREET ADDRESS 84 NW 54TH STREET
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☒ Delete
NAME FORD, CLAVEL
STREET ADDRESS 70 NW 40TH AVE
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #