

2004 FOR PROFIT CORPORATION ANNUAL REPORT

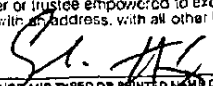
04-14-2004 90073 041 ***150.00
08-23-2004 90027 013 ***150.00
03000027989

FILED

04 OCT 18 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000027989			
1. Entity Name WINDING ROAD REAL PROPERTY, INC.			
Principal Place of Business 7017 CROWN GATE PL MIAMI LAKES, FL 33014		Mailing Address 7017 CROWN GATE PL MIAMI LAKES, FL 33014	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 5623	
City & State		City & State Highland FL 33014	
Zip	Country	Zip	Country
4. FEI Number 54-2101240		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	
LEDER, NATHAN I 5200 BLUE LAGOON DR STE 600 MIAMI, FL 33126		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 is acceptable. (NOTE: Registered Agent signature required when not signing.) DATE: _____)			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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-STATE-ZIP	D HERNANDEZ, AMBROSIO 7017 CROWN GATE PL MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: 		8/18/04 (305) 542-8644	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT 24081218
P03000027989

2up2

To Whom It May Concern:

I AM ASKING YOU TO
PLEASE WAIVE MY
LATE FEE BECAUSE
I NEVER RECEIVED
THE ^{REJECTION} NOTIFICATION BY MAIL.
THIS IS MY FIRST
YEAR WITH MY
CORPORATION.

Thank You
S. H.

Ambrosio Hernandez

Liliana Cortiza
LILIANA CORTIZA
WITNESS