


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # P03000039512 1. Entity Name 3526 WYNDWOOD CORP.	
--	---

Principal Place of Business 3526 N MIAMI AVE MIAMI, FL 33127	Mailing Address 3526 N MIAMI AVE MIAMI, FL 33127
--	--

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2667478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAGASH, TODD B
 3526 N MIAMI AVE
 MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT TRAGASH, C. ISABEL 3526 N MIAMI AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS TRAGASH, TODD B 3526 N MIAMI AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000630151
 02/19/07-80029-016 150.00

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: *C. Isabel Tragash* C. Isabel Tragash 2/6/07 305-571-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #