


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000047026

1. Entity Name  
WINDSTAR INVESTMENTS INC.



Principal Place of Business  
444 BRICKELL AVENUE SUITE 300  
MIAMI, FL 33131

Mailing Address  
444 BRICKELL AVENUE SUITE 300  
MIAMI, FL 33131



02042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
77-0613355

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORRIGAN, JOHN P  
444 BRICKELL AVENUE SUITE 300  
MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PD VALBUENA, CESAR G 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS AZUERO, VICTORIA 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT VALBUENA, GUSTAVO 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CORRIGAN, JOHN 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORRIGAN, JOHN 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

02/15/05-80024-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John P. Corrigan Date: Feb. 8, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John P. Corrigan Daytime Phone #: 305-357-5796