

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103916

Entity Name: NEW WINDS, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

1001 BRICKELL BAY DR., SUITE 1704
MIAMI, FL 33131

Current Mailing Address:

1001 BRICKELL BAY DR., SUITE 1704
MIAMI, FL 33131

New Principal Place of Business:

1001 BRICKELL BAY DR.
SUITE 1704
MIAMI, FL 33131

New Mailing Address:

1001 BRICKELL BAY DR.
SUITE 1704
MIAMI, FL 33131

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIAGO J. PADILLA, P.A.
1001 BRICKELL BAY DR., SUITE 1704
MIAMI, FL 33131

Name and Address of New Registered Agent:

SANTIAGO J. PADILLA, P.A.
1001 BRICKELL BAY DR.
SUITE 1704
MIAMI, FL 33131

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/23/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MICONI, FERNANDO L
Address: 1001 BRICKELL BAY DR., SUITE 1704
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MICONI, NORA SUSANA G
Address: 1001 BRICKELL BAY DR., SUITE 1704
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO L. MICONI

D

04/23/2004

Electronic Signature of Signing Officer or Director

Date